

Participant must provide all of the information below in English:

1. Participant's contact information, including email address, and that of its counsel, if any:

Participant's Name:

Daniel Quintana Ramirez

Participant's Address:

P.O. Box 592 Las Meria P.R. 00670

Participant's Email Address:

Name of Counsel:

Address of Counsel:

Email Address of Counsel:

2. Participant's Claim number and the nature of Participant's Claim:

Claim Number:

17 BK 3283-LTS

Nature of Claim:

By:

[Signature]  
Signature

Daniel Quintana Ramirez  
Print Name

Promesa  
Title (if Participant is not an individual)

08-13-21  
Date

**Instructions for Filing Notice of Participation:** If you are represented by counsel, this Notice must be filed electronically with the Court on the docket using the CM/ECF docket event Notice of Intent to Participate in Discovery for Commonwealth Plan Confirmation, in *In re Commonwealth of Puerto Rico*, Case No. 17 BK 3283-LTS, through the Court's case filing system on or before the applicable deadline. If you are not represented by counsel, you may instead mail this Notice to the Court's Clerk's Office at: United States District Court, Clerk's Office, 150 Ave. Carlos Chardon Ste. 150, San Juan, P.R. 00918-1767.

Daniel Quintana  
P.O. Box 592  
Las Mercedes, P.R.  
00670

RECEIVED & FILED  
2021 AUG 16 PM 6:21  
CLERK'S OFFICE  
U.S. DISTRICT COURT  
SAN JUAN, P.R.

SAN JUAN, P.R.

14 AUG 2021 PM 1 L



United States District Court  
Clerk's Office, 150 Ave.  
Carlos Chardon Ste. 150

San Juan, P.R. 00918-1767

00918-170625



Participant must provide all of the information below **in English**:

1. Participant's contact information, including email address, and that of its counsel, if any:

Participant's Name: Mildred D. Sued Caussade

Participant's Address: P.O. Box 141 - Guayama, PR 00785

Participant's Email Address: \_\_\_\_\_

Name of Counsel: \_\_\_\_\_

Address of Counsel: \_\_\_\_\_

Email Address of Counsel: \_\_\_\_\_

2. Participant's Claim number and the nature of Participant's Claim:

Claim Number: 137602

Nature of Claim: Promesa T. He 111 No 17BK3283LT.5

By: Mildred D. Sued Caussade  
Signature

Mildred D Sued Caussade  
Print Name

\_\_\_\_\_  
Title (if Participant is not an individual)

\_\_\_\_\_  
Date 8/14/21

**Instructions for Filing Notice of Participation:** If you are represented by counsel, this Notice must be filed electronically with the Court on the docket using the CM/ECF docket event Notice of Intent to Participate in Discovery for Commonwealth Plan Confirmation, in *In re Commonwealth of Puerto Rico*, Case No. 17 BK 3283-LTS, through the Court's case filing system on or before the applicable deadline. If you are not represented by counsel, you may instead mail this Notice to the Court's Clerk's Office at: United States District Court, Clerk's Office, 150 Ave. Carlos Chardon Ste. 150, San Juan, P.R. 00918-1767.

2021 AUG 16 PM 8:20

RECEIVED  
CLERK'S OFFICE  
U.S. DISTRICT COURT  
SAN JUAN, PR

M. J. Sued Caussade  
P.O. Box 141  
Hagana, PR 00785

SAN JUAN PR 009  
14 AUG 2021 PM 1 L



2021 AUG 16 PM 8:20

RECEIVED AND FILED  
CLERK'S OFFICE  
U.S. DISTRICT COURT  
SAN JUAN, PR

United State District Court  
Clerks Office

150 Ave Carlos Chardon Ste.

San Juan, PR

00785





Participant must provide all of the information below **in English**:

1. Participant's contact information, including email address, and that of its counsel, if any:

Participant's Name: Ibrahim Sued Causado

Participant's Address: P.O. Box 141 Guayama, P.R. 00785

Participant's Email Address: isued729@gmail.com

Name of Counsel: \_\_\_\_\_

Address of Counsel: \_\_\_\_\_

Email Address of Counsel: \_\_\_\_\_

2. Participant's Claim number and the nature of Participant's Claim:

Claim Number: 143 883

Nature of Claim: Promesa Title 111-No BK 32P3 LTS

By: [Signature]  
Signature

Ibrahim Sued Causado  
Print Name

\_\_\_\_\_  
Title (if Participant is not an individual)

\_\_\_\_\_  
Date

8/14/21

**Instructions for Filing Notice of Participation:** If you are represented by counsel, this Notice must be filed electronically with the Court on the docket using the CM/ECF docket event Notice of Intent to Participate in Discovery for Commonwealth Plan Confirmation, in *In re Commonwealth of Puerto Rico*, Case No. 17 BK 3283-LTS, through the Court's case filing system on or before the applicable deadline. If you are not represented by counsel, you may instead mail this Notice to the Court's Clerk's Office at: United States District Court, Clerk's Office, 150 Ave. Carlos Chardon Ste. 150, San Juan, P.R. 00918-1767.

RECEIVED  
CLERK'S OFFICE  
U.S. DISTRICT COURT  
SAN JUAN, PR  
2021 AUG 16 PM 8:20

Ibrahim Soud Caussade

PO Box 141

Mayaguez, PR 00785

SAN JUAN PR 009

14 AUG 2021 PM 1 L



2021 AUG 16 PM 8:20

RECEIVED AT - FILED  
CLERK'S OFFICE  
U.S. DISTRICT COURT  
SAN JUAN, PR

United State District Court  
Clerk's Office

150 Ave Carlos Chardon Ste.

San Juan, PR 00918-1767

0818-176625

Participant must provide all of the information below in English:

1. Participant's contact information, including email address, and that of its counsel, if any:

Participant's Name: ISAAC OQUEENDO MUNIZ  
Participant's Address: HC 7 Box 75000, San Sebast. PR 00685  
Participant's Email Address: contabilidadclasca@yahoo.com  
Name of Counsel: \_\_\_\_\_  
Address of Counsel: \_\_\_\_\_  
Email Address of Counsel: \_\_\_\_\_

2. Participant's Claim number and the nature of Participant's Claim:

Claim Number: 169600  
Nature of Claim: Debts Claimed Department of Agriculture  
By: [Signature]  
Signature  
ISAAC OQUEENDO  
Print Name  
Self Applicant  
Title (if Participant is not an individual)  
8/14/21  
Date

RECEIVED  
CLERK'S OFFICE  
U.S. DISTRICT COURT  
SAN JUAN, PR  
2021 AUG 16 PM 8:20

**Instructions for Filing Notice of Participation:** If you are represented by counsel, this Notice must be filed electronically with the Court on the docket using the CM/ECF docket event Notice of Intent to Participate in Discovery for Commonwealth Plan Confirmation, in *In re Commonwealth of Puerto Rico*, Case No. 17 BK 3283-LTS, through the Court's case filing system on or before the applicable deadline. If you are not represented by counsel, you may instead mail this Notice to the Court's Clerk's Office at: United States District Court, Clerk's Office, 150 Ave. Carlos Chardon Ste. 150, San Juan, P.R. 00918-1767.

ISAAC OQUENDO MUNIZ  
HC 7 BOX 75000  
SAN SEBASTIAN, PR 00685

SAN JUAN PR 009  
14 AUG 2021 PM 1 L

FOREVER



NOTICE TO THE COURT'S CLERK'S OFFICE AT:  
UNITED STATE DISTRICT COURT, CLERK'S  
OFFICE  
150 AVE. CARLOS CHARDON STE. 150,  
SAN JUAN, PR 00918-1767

00918-170625



RECEIVED  
CLERK'S OFFICE  
U.S. DISTRICT COURT  
SAN JUAN, PR  
AUG 16 PM 8:20



Participant must provide all of the information below **in English**:

1. Participant's contact information, including email address, and that of its counsel, if any:

Participant's Name: Carmen Cruz Rivera  
Participant's Address: Urb Madelaine c/Amatista M-18 Toa Alta P.R. 00953  
Participant's Email Address: carmencruzita@hotmail.com  
Name of Counsel: N/A  
Address of Counsel: N/A  
Email Address of Counsel: N/A

2. Participant's Claim number and the nature of Participant's Claim:

Claim Number: 121554  
Nature of Claim: Depto de Educacion Public Employee  
Pension Retiro  
By: Carmen G Rivera  
Signature  
Carmen Cruz Rivera  
Print Name  
  
Title (if Participant is not an individual)  
August 13, 2021  
Date

RECEIVED  
CLERK'S OFFICE  
U.S. DISTRICT COURT  
SAN JUAN, PR  
2021 AUG 16 PM 8:19

**Instructions for Filing Notice of Participation:** If you are represented by counsel, this Notice must be filed electronically with the Court on the docket using the CM/ECF docket event Notice of Intent to Participate in Discovery for Commonwealth Plan Confirmation, in *In re Commonwealth of Puerto Rico*, Case No. 17 BK 3283-LTS, through the Court's case filing system on or before the applicable deadline. If you are not represented by counsel, you may instead mail this Notice to the Court's Clerk's Office at: United States District Court, Clerk's Office, 150 Ave. Carlos Chardon Ste. 150, San Juan, P.R. 00918-1767.

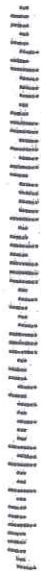
Carmen Cruz Rivera  
Urb Madelaine M-18 c/ Amotista  
Toe Alta P.R. 00953

RECEIVED AND FILED  
CLERK'S OFFICE  
U.S. DISTRICT COURT  
SAN JUAN, P.R.

2021 AUG 16 PM 8:19

Discovery Notice to the Court's Clerk's Office  
United States District Court  
150 Ave. Carlos Chardon Ste. 150  
San Juan, P.R. 00918-1767

00918-170625



SAN JUAN PR 009  
14 AUG 2021 PM 1 L





Participant must provide all of the information below in English:

1. Participant's contact information, including email address, and that of its counsel, if any:

Participant's Name: CANDELARIO CRESPO Quinones  
Participant's Address: Bo Ob De AGOA Calle BEGONIA #77 V.B PR 00693  
Participant's Email Address: y1701944@yahoo.com  
Name of Counsel: \_\_\_\_\_  
Address of Counsel: \_\_\_\_\_  
Email Address of Counsel: \_\_\_\_\_

2. Participant's Claim number and the nature of Participant's Claim:

Claim Number: 17-BK-3566-LTS / 9686  
Nature of Claim: PROMESA TITLE III

By: Candelario Crespo Quinones  
Signature

CANDELARIO CRESPO Quinones  
Print Name

\_\_\_\_\_  
Title (if Participant is not an individual)

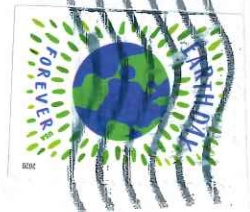
8-14-2021  
Date

**Instructions for Filing Notice of Participation:** If you are represented by counsel, this Notice must be filed electronically with the Court on the docket using the CM/ECF docket event Notice of Intent to Participate in Discovery for Commonwealth Plan Confirmation, in *In re Commonwealth of Puerto Rico*, Case No. 17 BK 3283-LTS, through the Court's case filing system on or before the applicable deadline. If you are not represented by counsel, you may instead mail this Notice to the Court's Clerk's Office at: United States District Court, Clerk's Office, 150 Ave. Carlos Chardon Ste. 150, San Juan, P.R. 00918-1767.

RECEIVED  
CLERK'S OFFICE  
U.S. DISTRICT COURT  
SAN JUAN, PR  
2021 AUG 16 PM 8:15

CARDOLAN Ciego  
Bo Uo de Aqos  
Bogom-77  
Vogor Bogor PR 00693

SAN JUAN PR 009  
14 AUG 2021 PM 1 L



United States District Court  
Clerk's Office 150 Ave Carlos Chardon  
Ste. 150  
San Juan, P.R. 00918-1767

RECEIVED AND FILED  
CLERK'S OFFICE  
U.S. DISTRICT COURT  
SAN JUAN, PR

AUG 16 PM 8:19

00918-170625





Participant must provide all of the information below **in English**:

1. Participant's contact information, including email address, and that of its counsel, if any:

Participant's Name: Luis Garcia Figueroa  
Participant's Address: PO Box 141 - Guayama, PR 00785  
Participant's Email Address: \_\_\_\_\_  
Name of Counsel: \_\_\_\_\_  
Address of Counsel: \_\_\_\_\_  
Email Address of Counsel: \_\_\_\_\_

2. Participant's Claim number and the nature of Participant's Claim:

Claim Number: 135735  
Nature of Claim: Promesa Title III No. 17 BK 3283 LTS

By: Luis Garcia Figueroa  
Signature

Luis Garcia Figueroa  
Print Name

\_\_\_\_\_  
Title (if Participant is not an individual)

Date 8/14/21

**Instructions for Filing Notice of Participation:** If you are represented by counsel, this Notice must be filed electronically with the Court on the docket using the CM/ECF docket event Notice of Intent to Participate in Discovery for Commonwealth Plan Confirmation, in *In re Commonwealth of Puerto Rico*, Case No. 17 BK 3283-LTS, through the Court's case filing system on or before the applicable deadline. If you are not represented by counsel, you may instead mail this Notice to the Court's Clerk's Office at: United States District Court, Clerk's Office, 150 Ave. Carlos Chardon Ste. 150, San Juan, P.R. 00918-1767.

Luis Garcia Figueroa  
PO Box 141  
Mayaguez, PR 00785

SAN JUAN PR 009  
14 AUG 2021 PM 1 L



61 AUG 16 PM 8:19

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CLERK'S OFFICE  
U.S. DISTRICT COURT  
SAN JUAN, PR

United State District Court  
Clerks Office  
150 Ave. Carlos Chardon Ste.  
San Juan, PR 00918-170625



Participant must provide all of the information below **in English**:

1. Participant's contact information, including email address, and that of its counsel, if any:

Participant's Name:

CARMEN M. LÓPEZ

Participant's Address:

P.O. Box 3092, Arecibo, PR. 00613

Participant's Email Address:

cfrías215@gmail.com

Name of Counsel:

?

Address of Counsel:

?

Email Address of Counsel:

?

2. Participant's Claim number and the nature of Participant's Claim:

Claim Number:

17 BK 3283 - LTS

Nature of Claim:

grant access in the Plan Depository

By:

Carmen M. López

Signature

Carmen M. López

Print Name

Title (if Participant is not an individual)

8/13/21

Date

**Instructions for Filing Notice of Participation:** If you are represented by counsel, this Notice must be filed electronically with the Court on the docket using the CM/ECF docket event Notice of Intent to Participate in Discovery for Commonwealth Plan Confirmation, in *In re Commonwealth of Puerto Rico*, Case No. 17 BK 3283-LTS, through the Court's case filing system on or before the applicable deadline. If you are not represented by counsel, you may instead mail this Notice to the Court's Clerk's Office at: United States District Court, Clerk's Office, 150 Ave. Carlos Chardon Ste. 150, San Juan, P.R. 00918-1767.

RECEIVED  
CLERK'S OFFICE  
U.S. DISTRICT COURT  
SAN JUAN, PR  
28 AUG 16 PM 8:19



*Carmen M. Lopez  
P.O. Box 3092  
Arecibo, P.R. 00613*

SAN JUAN PR 009  
13 AUG 2021PM 2 L



RECEIVED AND FILED  
CLERK'S OFFICE  
U.S. DISTRICT COURT  
SAN JUAN, PR

20 AUG 16 PM 8:19

*United States District Court.  
Clerk's Office  
150 Ave. Carlos Chardor, Ste. 150  
San Juan, P.R. 00918-1767*

00918-170625





CLERK'S OFFICE  
U.S. DISTRICT COURT  
SAN JUAN, PR

Participant must provide all of the information below in English: PM 8:19

1. Participant's contact information, including email address, and that of its counsel, if any:

Participant's Name: AIDA L. VARELA Negrón  
Participant's Address: Hc. 71 Box 2923-NARANJITO, P.R. 00719-9430  
Participant's Email Address: None  
Name of Counsel: None  
Address of Counsel: None  
Email Address of Counsel: None

2. Participant's Claim number and the nature of Participant's Claim:

Claim Number: No. 17 BK 3283-LTS  
Nature of Claim: Retirement System of Commonwealth of P.R.

By: Aida L. Varela Negrón  
Signature

Aida L. Varela Negrón  
Print Name

Title (if Participant is not an individual)

August 11, 2021  
Date

**Instructions for Filing Notice of Participation:** If you are represented by counsel, this Notice must be filed electronically with the Court on the docket using the CM/ECF docket event Notice of Intent to Participate in Discovery for Commonwealth Plan Confirmation, in *In re Commonwealth of Puerto Rico*, Case No. 17 BK 3283-LTS, through the Court's case filing system on or before the applicable deadline. If you are not represented by counsel, you may instead mail this Notice to the Court's Clerk's Office at: United States District Court, Clerk's Office, 150 Ave. Carlos Chardon Ste. 150, San Juan, P.R. 00918-1767.

Aida Luz VARELA Negron  
Hc-71-Box 2923  
MARAYITO, P.R. 00719-9430

RECEIVED  
CLERK'S OFFICE  
U.S. DISTRICT COURT  
SAN JUAN, P.R.

10 AUG 16 PM 6:19

SAN JUAN PR 009  
13 AUG 2021 PM 2 L



United States District Court,  
Clerk's Office,  
150 Ave. Carlos Chardón Ste. 150  
SAN JUAN, P.R. 00918-1767

00918-170625



CLERK'S OFFICE  
U.S. DISTRICT COURT

Participant must provide all of the information below in English:

1. Participant's contact information, including email address, and that of its counsel, if any:

Participant's Name:

Nilda Bobé Feliciano

Participant's Address:

HC 2 Box 8372 Hormigueros, Puerto Rico 00660

Participant's Email Address:

Nilda.bobe@gmail.com

Name of Counsel:

/

Address of Counsel:

/

Email Address of Counsel:

/

2. Participant's Claim number and the nature of Participant's Claim:

Claim Number:

172021

Nature of Claim:

Jubilación y Salarios Impagos (Ley Romerazo Pasos por Méritos)

By:

Nilda Bobé Feliciano

Signature

Nilda Bobé Feliciano

Print Name

Title (if Participant is not an individual)

2 de agosto de 2021

Date

(Ajuste de Salario de retiro por aumento Ley Romerazo (Ley 89) y pasos por Méritos adeudados (años de servicio según estipulado por el Convenio Colectivo))

**Instructions for Filing Notice of Participation:** If you are represented by counsel, this Notice must be filed electronically with the Court on the docket using the CM/ECF docket event Notice of Intent to Participate in Discovery for Commonwealth Plan Confirmation, in *In re Commonwealth of Puerto Rico*, Case No. 17 BK 3283-LTS, through the Court's case filing system on or before the applicable deadline. If you are not represented by counsel, you may instead mail this Notice to the Court's Clerk's Office at: United States District Court, Clerk's Office, 150 Ave. Carlos Chardon Ste. 150, San Juan, P.R. 00918-1767.



Nilda Bobé Feliciano  
HC 2 Box 8372  
Hormigueros, Puerto Rico 00600

SAN JUAN PR 009  
13 AUG 2021 PM 2 L



RECEIVED AND FILED  
CLERK'S OFFICE  
U.S. DISTRICT COURT  
SAN JUAN, PR

2021 AUG 16 PM 8:19

United States District Court, clerk's office  
150 Ave. Carlos Chardón Ste. 150  
San Juan, Puerto Rico 00918-1767

00918-170625





Participant must provide all of the information below in English.

1. Participant's contact information, including email address, and that of its counsel, if any:

Participant's Name:

Miriam Aguilar Martínez

Participant's Address:

Urb. Surra Linda Calle A-9 Cabo Rojo, P.R. 00623

Participant's Email Address:

yatzela83@gmail.com

Name of Counsel:

Address of Counsel:

Email Address of Counsel:

2. Participant's Claim number and the nature of Participant's Claim:

Claim Number:

17 BK 3283-LTS

Nature of Claim:

Promesa Title III (

By:

Signature

Miriam Aguilar

Print Name

Title (if Participant is not an individual)

8-12-2021

Date

**Instructions for Filing Notice of Participation:** If you are represented by counsel, this Notice must be filed electronically with the Court on the docket using the CM/ECF docket event Notice of Intent to Participate in Discovery for Commonwealth Plan Confirmation, in *In re Commonwealth of Puerto Rico*, Case No. 17 BK 3283-LTS, through the Court's case filing system on or before the applicable deadline. If you are not represented by counsel, you may instead mail this Notice to the Court's Clerk's Office at: United States District Court, Clerk's Office, 150 Ave. Carlos Chardon Ste. 150, San Juan, P.R. 00918-1767.

Miriam Aguilar Martine2  
Urb Sierra Linda call 1 A-9  
Cabo Ryo PR 00623

RECEIVED AND FILED  
CLERK'S OFFICE  
U.S. DISTRICT COURT  
SAN JUAN, PR

2021 AUG 16 PM 8:19

SAN JUAN PR 009  
13 AUG 2021 PM 2 L



United States District Court  
Clerk's Office, 150 Ave Carlos Chardon  
STE. 150, San Juan, P.R. 00918-1767

00918-170625



Participant must provide all of the information below **in English**:

1. Participant's contact information, including email address, and that of its counsel, if any:

Participant's Name:

James L. Galarza Cruz

Participant's Address:

Ext. Estancias del Mayoral #63 Villalba P.R. 00766

Participant's Email Address:

JamesGalarza990@gmail.com

Name of Counsel:

Address of Counsel:

Email Address of Counsel:

2. Participant's Claim number and the nature of Participant's Claim:

Claim Number:

64387

Nature of Claim:

Unpaid Wages by the government of P.R.

By:

James L. Galarza Cruz

Signature

James L. Galarza Cruz

Print Name

Title (if Participant is not an individual)

August 12-2021

Date

**Instructions for Filing Notice of Participation:** If you are represented by counsel, this Notice must be filed electronically with the Court on the docket using the CM/ECF docket event Notice of Intent to Participate in Discovery for Commonwealth Plan Confirmation, in *In re Commonwealth of Puerto Rico*, Case No. 17 BK 3283-LTS, through the Court's case filing system on or before the applicable deadline. If you are not represented by counsel, you may instead mail this Notice to the Court's Clerk's Office at: United States District Court, Clerk's Office, 150 Ave. Carlos Chardon Ste. 150, San Juan, P.R. 00918-1767.

RECEIVED  
CLERK'S OFFICE  
U.S. DISTRICT COURT  
SAN JUAN, PR  
2021 AUG 16 PM 8:00



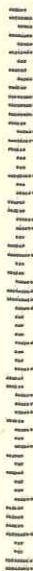
James L. Galante Cruz  
Ext. Estancias de Mayoral  
Calle Caneros # 63  
Villalba P.R. 00766

SAN JUAN PR 009  
RECEIVED  
CLERK'S OFFICE  
U.S. DISTRICT COURT  
SAN JUAN, PR  
AUG 13 2021 PM 2:10



Unite States District Court  
Clerk's Office  
150 Ave. Carlos Charden Ste. 150  
San Juan P.R. 00918-1767

00918-176625





Participant must provide all of the information below **in English**:

1. Participant's contact information, including email address, and that of its counsel, if any:

Participant's Name:

Garcia E. Velez Santiago

Participant's Address:

A-9 Club Santa Marta, San Germán, P.R. 00683

Participant's Email Address:

\_\_\_\_\_

Name of Counsel:

\_\_\_\_\_

Address of Counsel:

\_\_\_\_\_

Email Address of Counsel:

\_\_\_\_\_

2. Participant's Claim number and the nature of Participant's Claim:

Claim Number:

\_\_\_\_\_

Nature of Claim:

\_\_\_\_\_

By:

Garcia E. Velez Santiago

Signature

Garcia E. Velez Santiago

Print Name

Title (if Participant is not an individual)

August 11, 2021

Date

**Instructions for Filing Notice of Participation:** If you are represented by counsel, this Notice must be filed electronically with the Court on the docket using the CM/ECF docket event Notice of Intent to Participate in Discovery for Commonwealth Plan Confirmation, in *In re Commonwealth of Puerto Rico*, Case No. 17 BK 3283-LTS, through the Court's case filing system on or before the applicable deadline. If you are not represented by counsel, you may instead mail this Notice to the Court's Clerk's Office at: United States District Court, Clerk's Office, 150 Ave. Carlos Chardon Ste. 150, San Juan, P.R. 00918-1767.

*Curra E. de la Cruz San Francisco  
A-9 Calle B Arid. Santa Marta  
San German, P.R. 00683*

SAN JUAN PR 009  
13 AUG 2021 PM 2 L



*United States District Court Clerk's Office  
150 Ave. Carlos Chardon Ste. 150  
San Juan, P.R. 00918-1767*

201 AUG 16 PM 8:18

RECEIVED AND FILED  
CLERK'S OFFICE  
U.S. DISTRICT COURT  
SAN JUAN, PR

00918-170625



Participant must provide all of the information below **in English**:

1. Participant's contact information, including email address, and that of its counsel, if any:

Participant's Name: Gilberto David Feliciano  
Participant's Address: urb. Villa Madrid-P.R. Calle 19 Correo 82.  
Participant's Email Address: gdavidfeliciano@gmail.com.  
Name of Counsel: N/A  
Address of Counsel: N/A  
Email Address of Counsel: N/A

2. Participant's Claim number and the nature of Participant's Claim:

Claim Number: 164000 et. al.  
Nature of Claim: un paid wages by the government of P.R.

By: Gilberto David

Signature

Gilberto David Feliciano

Print Name

Title (if Participant is not an individual)

August 4-2021

Date

**Instructions for Filing Notice of Participation:** If you are represented by counsel, this Notice must be filed electronically with the Court on the docket using the CM/ECF docket event Notice of Intent to Participate in Discovery for Commonwealth Plan Confirmation, in *In re Commonwealth of Puerto Rico*, Case No. 17 BK 3283-LTS, through the Court's case filing system on or before the applicable deadline. If you are not represented by counsel, you may instead mail this Notice to the Court's Clerk's Office at: United States District Court, Clerk's Office, 150 Ave. Carlos Chardon Ste. 150, San Juan, P.R. 00918-1767.



Gilbert David Ferrera  
Web. Villa Madrid-P-13  
Calle #19 Camo. P.R.-000769

SAN JUAN PR 009  
13 AUG 2021 PM 2 L  
U.S. DISTRICT COURT  
SAN JUAN, PR  
21 AUG 16 PM 8:18



To: United States District Court  
Clerk Office, 150 Ave Carlos Chardon  
Ste. 150, San Juan, P.R. 00918-1767

00918-170625



Participant must provide all of the information below in English:

1. Participant's contact information, including email address, and that of its counsel, if any:

Participant's Name:

HAYDEE T. ISEARN HUERTAS

Participant's Address:

PO BOX 1324, Boqueron, P.R. 00622-1324

Participant's Email Address:

haydeetisern@gmail.com

Name of Counsel:

Address of Counsel:

Email Address of Counsel:

2. Participant's Claim number and the nature of Participant's Claim:

Claim Number:

17 BK 3283-LTS

Nature of Claim:

PROMESA Title III

By:

Haydee T. Isearn Huertas

Signature

Haydee T Isearn Huertas

Print Name

Title (if Participant is not an individual)

August 8, 2021

Date

**Instructions for Filing Notice of Participation:** If you are represented by counsel, this Notice must be filed electronically with the Court on the docket using the CM/ECF docket event Notice of Intent to Participate in Discovery for Commonwealth Plan Confirmation, in *In re Commonwealth of Puerto Rico*, Case No. 17 BK 3283-LTS, through the Court's case filing system on or before the applicable deadline. If you are not represented by counsel, you may instead mail this Notice to the Court's Clerk's Office at: United States District Court, Clerk's Office, 150 Ave. Carlos Chardon Ste. 150, San Juan, P.R. 00918-1767.

RECEIVED  
CLERK'S OFFICE  
U.S. DISTRICT COURT  
SAN JUAN, PR

2021 AUG 16 PM 8:18

Haydee T Isern  
PO Box 1324  
Bogueron, P.R. 00622-1324

SAN JUAN PR 009  
13 AUG 2021 PM 2 L

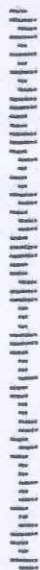


AUG 16 PM 8:18

RECEIVED  
CLERK'S OFFICE  
U.S. DISTRICT COURT  
SAN JUAN, PR

Court's Clerk's Office  
at: United States District Court,  
Clerk's Office, 150 Ave Carlos Chardon St. 150  
San Juan, P.R. 00918-1767

00918-170625





Participant must provide all of the information below **in English**:

1. Participant's contact information, including email address, and that of its counsel, if any:

Participant's Name: SANTIAGO ARROYO, LUZ A  
Participant's Address: P.O. Box 667, Comerio, P.R. 00782  
Participant's Email Address: NO  
Name of Counsel: N/A  
Address of Counsel: N/A  
Email Address of Counsel: N/A

2. Participant's Claim number and the nature of Participant's Claim:

Claim Number: 36674  
Nature of Claim: UNPAID WAGES, RETIREMENT

By: Luz A. Santiago Arroyo  
Signature

LUZ A. SANTIAGO ARROYO  
Print Name

N/A  
Title (if Participant is not an individual)

AUGUST 13, 2021  
Date

RECEIVED  
CLERK'S OFFICE  
U.S. DISTRICT COURT  
SAN JUAN, PR  
AUG 16 PM 8:18

**Instructions for Filing Notice of Participation:** If you are represented by counsel, this Notice must be filed electronically with the Court on the docket using the CM/ECF docket event Notice of Intent to Participate in Discovery for Commonwealth Plan Confirmation, in *In re Commonwealth of Puerto Rico*, Case No. 17 BK 3283-LTS, through the Court's case filing system on or before the applicable deadline. If you are not represented by counsel, you may instead mail this Notice to the Court's Clerk's Office at: United States District Court, Clerk's Office, 150 Ave. Carlos Chardon Ste. 150, San Juan, P.R. 00918-1767.

Luz A. Santiago Arroyo  
P.O. Box 667  
Comerio, P.R. 00782

SAN JUAN PR 009  
13 AUG 2021 PM 2 L



UNITED STATES DISTRICT COURT  
CLERKS OFFICE  
150 AVE. CARLOS CHARRON STE. 150  
SAN JUAN, P.R. 00918-1767

RECEIVED AND FILED  
CLERK'S OFFICE  
U.S. DISTRICT COURT  
SAN JUAN, PR

01:08 PM 91 AUG 102

00918-170625



Participant must provide all of the information below in English:

1. Participant's contact information, including email address, and that of its counsel, if any:

Participant's Name:

Maria del Carmen Candel yufante

Participant's Address:

P.O. Box 1352 Rio Grande P.R. 00745

Participant's Email Address: candelcarmen26@gmail.com

Name of Counsel:

Address of Counsel:

Email Address of Counsel:

United States District Court - Clerk's Office - 150 Ave. Carlos Chardon Ste. 150  
San Juan P.R. 00918  
1767

2. Participant's Claim number and the nature of Participant's Claim:

Claim Number:

NO. 17 BK 3283 -LTS

Nature of Claim:

By:

Maria del C. Candel

Signature

MARIA DEL CARMEN CANELA

Print Name

THE FINANCIAL OVERSIGHT and MANAGEMENT BOARD FOR  
PUERTO RICO

Title (if Participant is not an individual)

Agosto 13 - 2021

Date

**Instructions for Filing Notice of Participation:** If you are represented by counsel, this Notice must be filed electronically with the Court on the docket using the CM/ECF docket event Notice of Intent to Participate in Discovery for Commonwealth Plan Confirmation, in *In re Commonwealth of Puerto Rico*, Case No. 17 BK 3283-LTS, through the Court's case filing system on or before the applicable deadline. If you are not represented by counsel, you may instead mail this Notice to the Court's Clerk's Office at: United States District Court, Clerk's Office, 150 Ave. Carlos Chardon Ste. 150, San Juan, P.R. 00918-1767.



Arrive All Common Code 444444  
P.O. Box 1352 P.O. Box 1352  
00745

13 AUG 15 PM 057

SAN JUAN PR 009  
13 AUG 2021 PM 2 L



Court's Clerk's Office at:  
United States District Court, Clerk's  
Office 1150 Ave. Carlos Chardon  
Ste. 150, San Juan, PR 00918.

1767



0091833333

Participant must provide all of the information below in English:

1. Participant's contact information, including email address, and that of its counsel, if any:

Participant's Name:

Nilda Mangual Flores

Participant's Address:

C/I 13 Estancias San Jdo, Carolina PR 00985

Participant's Email Address:

not apply

Name of Counsel:

not apply

Address of Counsel:

not apply

Email Address of Counsel:

not apply

2. Participant's Claim number and the nature of Participant's Claim:

Claim Number:

17BK3283-LTS

Nature of Claim:

Salary readjustment

By:

Nilda Mangual Flores  
Signature

Nilda Mangual Flores  
Print Name

n/a

Title (if Participant is not an individual)

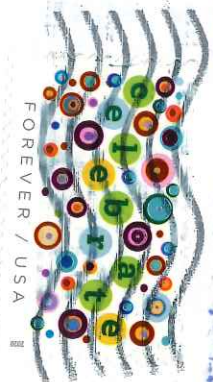
8/11/21  
Date

**Instructions for Filing Notice of Participation:** If you are represented by counsel, this Notice must be filed electronically with the Court on the docket using the CM/ECF docket event Notice of Intent to Participate in Discovery for Commonwealth Plan Confirmation, in *In re Commonwealth of Puerto Rico*, Case No. 17 BK 3283-LTS, through the Court's case filing system on or before the applicable deadline. If you are not represented by counsel, you may instead mail this Notice to the Court's Clerk's Office at: United States District Court, Clerk's Office, 150 Ave. Carlos Chardon Ste. 150, San Juan, P.R. 00918-1767.

RECEIVED  
CLERK'S OFFICE  
U.S. DISTRICT COURT  
SAN JUAN, PR  
2021 AUG 16 PM 5:57

Hilda Margulies  
c/o I13 Estancias San Jdo.,  
Carolina, P.R. 00985

SAN JUAN PR 009  
14 AUG 2021 PM 1 L



United States District Court,  
Clerk's Office, 150 The Carlos  
Chardon Ste. 150, San Juan,  
P.R. 00918-1767

RECEIVED AUG 16 2021  
CLERK'S OFFICE  
U.S. DISTRICT COURT  
SAN JUAN, PR

AUG 16 PM 5:57

00918355553





Participant must provide all of the information below in English:

1. Participant's contact information, including email address, and that of its counsel, if any:

Participant's Name:

Nilda Mangual Flores

Participant's Address:

C/113 Estancias San Jo. Carolina, PR 00985

Participant's Email Address:

Does not apply

Name of Counsel:

not apply

Address of Counsel:

not apply

Email Address of Counsel:

not apply

2. Participant's Claim number and the nature of Participant's Claim:

Claim Number:

17BK3283-LTS

Nature of Claim:

salary readjustment

By:

Nilda Mangual Flores

Signature

Nilda Mangual Flores

Print Name

n/a

Title (if Participant is not an individual)

8/11/21

Date

**Instructions for Filing Notice of Participation:** If you are represented by counsel, this Notice must be filed electronically with the Court on the docket using the CM/ECF docket event Notice of Intent to Participate in Discovery for Commonwealth Plan Confirmation, in *In re Commonwealth of Puerto Rico*, Case No. 17 BK 3283-LTS, through the Court's case filing system on or before the applicable deadline. If you are not represented by counsel, you may instead mail this Notice to the Court's Clerk's Office at: United States District Court, Clerk's Office, 150 Ave. Carlos Chardon Ste. 150, San Juan, P.R. 00918-1767.

Wela Mangual Flores  
C/I I 13 Estancias San Jo.  
Carolina, P.R. 00985

SAN JUAN PR 009  
14 AUG 2021 PM 1 L



15 AUG 16 PM 5:57

RECEIVED AND FILED  
CLERK'S OFFICE  
U.S. DISTRICT COURT  
SAN JUAN, PR

United States District Court,  
Clerk's Office, 150 Ave Carlos  
Chardon Ste. San Juan, P.R.  
00918-1767

00918-1767



Participant must provide all of the information below in **English**:

1. Participant's contact information, including email address, and that of its counsel, if any:

Participant's Name: Nilda Mangual Flores  
Participant's Address: C/I 13 Estancias San Jdo, Carolina, PR 00985  
Participant's Email Address: not apply  
Name of Counsel: not apply  
Address of Counsel: not apply  
Email Address of Counsel: not apply

2. Participant's Claim number and the nature of Participant's Claim:

Claim Number: 17BK3283-LTS  
Nature of Claim: salary readjustment  
By: Nilda Mangual Flores  
Signature  
Nilda Mangual Flores  
Print Name  
2/a  
Title (if Participant is not an individual)  
8/11/21  
Date

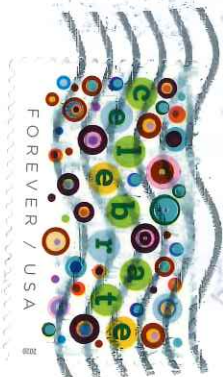
2021 AUG 16 PM 5:57  
U.S. DISTRICT COURT  
SAN JUAN, P.R.

**Instructions for Filing Notice of Participation:** If you are represented by counsel, this Notice must be filed electronically with the Court on the docket using the CM/ECF docket event Notice of Intent to Participate in Discovery for Commonwealth Plan Confirmation, in *In re Commonwealth of Puerto Rico*, Case No. 17 BK 3283-LTS, through the Court's case filing system on or before the applicable deadline. If you are not represented by counsel, you may instead mail this Notice to the Court's Clerk's Office at: United States District Court, Clerk's Office, 150 Ave. Carlos Chardon Ste. 150, San Juan, P.R. 00918-1767.



Yilda Menaual Flores  
C/I-113 Estancias San Jdo.  
Carolina, P.R. 00985

SAN JUAN PR 009  
14 AUG 2021 PM 1 L



United States District Court,  
Clerk's Office 150 Ave. Carlos  
Chardon Ste. 150 S.J., P.R. 00918-1767

RECEIVED AND FILED  
CLERK'S OFFICE  
U.S. DISTRICT COURT  
SAN JUAN, PR

15 AUG 2021 PM 5:57

009181767 0000



Participant must provide all of the information below in English:

1. Participant's contact information, including email address, and that of its counsel, if any:

Participant's Name:

Irene Rivera Martinez

Participant's Address:

Extencion Parque Ernesto Calle 40 H-19 Carolina P.R. 00987

Participant's Email Address:

irrivera@gmail.com

Name of Counsel:

Address of Counsel:

Email Address of Counsel:

2. Participant's Claim number and the nature of Participant's Claim:

Claim Number:

147055

Nature of Claim:

Public Employee and Pension / Retiree claims

By:

Signature

Print Name

Title (if Participant is not an individual)

Date

8/11/2021

**Instructions for Filing Notice of Participation:** If you are represented by counsel, this Notice must be filed electronically with the Court on the docket using the CM/ECF docket event Notice of Intent to Participate in Discovery for Commonwealth Plan Confirmation, in *In re Commonwealth of Puerto Rico*, Case No. 17 BK 3283-LTS, through the Court's case filing system on or before the applicable deadline. If you are not represented by counsel, you may instead mail this Notice to the Court's Clerk's Office at: United States District Court, Clerk's Office, 150 Ave. Carlos Chardon Ste. 150, San Juan, P.R. 00918-1767.

Trene Rivera Martinez  
Ext. Parque Enrique  
Calle 40, H-19, Carolina, P.R. 00987

SAN JUAN PR 009  
13 AUG 2021 PM 2 L



Urbia Montes District Court, Clerk's  
Office, 150 ave. Carlos Chardon ste. 150, San Juan P.R.

00918-1767

15 AUG 16 PM 5:57

RECEIVED  
CLERK'S OFFICE  
U.S. DISTRICT COURT  
SAN JUAN, PR

00918-1767





Participant must provide all of the information below in English:

1. Participant's contact information, including email address, and that of its counsel, if any:

Participant's Name:

Marta D. Santiago Torres

Participant's Address:

Urb. Ext. Alturas of Penuelas II

Participant's Email Address:

Street Esmeralda 716 Penuelas P.R. 00624  
marta.santiago.torres@hotmail.com

Name of Counsel:

\_\_\_\_\_

Address of Counsel:

\_\_\_\_\_

Email Address of Counsel:

\_\_\_\_\_

2. Participant's Claim number and the nature of Participant's Claim:

Claim Number:

17BK 3283-LTS

Nature of Claim:

The Commonwealth of Puerto Rico

By:

Marta D. Santiago Torres  
Signature

Marta D. Santiago Torres  
Print Name

Promesa Title III  
Title (if Participant is not an individual)

July 2021  
Date

RECEIVED AUG 16 2021  
CLERK'S OFFICE  
U.S. DISTRICT COURT  
SAN JUAN, PR

**Instructions for Filing Notice of Participation:** If you are represented by counsel, this Notice must be filed electronically with the Court on the docket using the CM/ECF docket event Notice of Intent to Participate in Discovery for Commonwealth Plan Confirmation, in *In re Commonwealth of Puerto Rico*, Case No. 17 BK 3283-LTS, through the Court's case filing system on or before the applicable deadline. If you are not represented by counsel, you may instead mail this Notice to the Court's Clerk's Office at: United States District Court, Clerk's Office, 150 Ave. Carlos Chardon Ste. 150, San Juan, P.R. 00918-1767.

From: Marta D. Santiago Torres

Urb. Ext. Alturas De

Penuelas II c/Esmeralda

716 Penuelas P.R. 00624

PR 1845 SRF55176 PackID: 185717MMXID:  
306423-PSVC: MML-PC

2021 AUG 16 PM 5:57

RECEIVED AUG 16 2021  
CLERK'S OFFICE  
U.S. DISTRICT COURT  
SAN JUAN, PR

0091881767

To: United States District Court  
Clerk's Office, 150 A/E. Carbs  
Chardon St, San Juan, P.R.  
00918-1767

SAN JUAN PR 009

13 AUG 2021 PM 2 L





Participant must provide all of the information below **in English**:

1. Participant's contact information, including email address, and that of its counsel, if any:

Participant's Name:

Maria L. Reyes Rivera

Participant's Address:

Hc-04 Box 19503, Camuy, PR 00627

Participant's Email Address:

mreyesrivera@gmail.com

Name of Counsel:

No tengo

Address of Counsel:

Email Address of Counsel:

2. Participant's Claim number and the nature of Participant's Claim:

Claim Number:

17 BK 3283-LTS

Nature of Claim:

PROMESA Title III

By:

Maria L. Reyes Rivera  
Signature

Maria L. Reyes Rivera  
Print Name

7/ago 2021  
Title (if Participant is not an individual)

7/ago 2021  
Date

**Instructions for Filing Notice of Participation:** If you are represented by counsel, this Notice must be filed electronically with the Court on the docket using the CM/ECF docket event Notice of Intent to Participate in Discovery for Commonwealth Plan Confirmation, in *In re Commonwealth of Puerto Rico*, Case No. 17 BK 3283-LTS, through the Court's case filing system on or before the applicable deadline. If you are not represented by counsel, you may instead mail this Notice to the Court's Clerk's Office at: United States District Court, Clerk's Office, 150 Ave. Carlos Chardon Ste. 150, San Juan, P.R. 00918-1767.



Manuel Reyes Rivera  
HC-04 Box 19503  
Camuy, PR 00627

SAN JUAN PR 009  
13 AUG 2021 PM 2 L



LS-6 WA 91 009 1002

RECEIVED AND INDEXED  
CLERK'S OFFICE  
U.S. DISTRICT COURT  
SAN JUAN, PR

00918-170625

United States District Court  
Clerk's Office  
150 Oneil Carlos Chardon  
Ste 150  
San Juan, PR 00918-1767

Participant must provide all of the information below **in English**:

1. Participant's contact information, including email address, and that of its counsel, if any:

Participant's Name:

Damian O. Pabon Colon

Participant's Address:

Urb. A. Hurasmanati Bella Vista 24 Manati, PR 00674

Participant's Email Address:

d.pabon4828@gmail.com / damianmanati@gmail.com

Name of Counsel:

Address of Counsel:

Email Address of Counsel:

2. Participant's Claim number and the nature of Participant's Claim:

Claim Number:

not available

Nature of Claim:

Public employee pension retirement

By:

Signature

Damian O. Pabon Colon

Print Name

Title (if Participant is not an individual)

10 August 2021

Date

RECEIVED  
CLERK'S OFFICE  
U.S. DISTRICT COURT  
SAN JUAN, PR  
2021 AUG 16 PM 5:57

**Instructions for Filing Notice of Participation:** If you are represented by counsel, this Notice must be filed electronically with the Court on the docket using the CM/ECF docket event Notice of Intent to Participate in Discovery for Commonwealth Plan Confirmation, in *In re Commonwealth of Puerto Rico*, Case No. 17 BK 3283-LTS, through the Court's case filing system on or before the applicable deadline. If you are not represented by counsel, you may instead mail this Notice to the Court's Clerk's Office at: United States District Court, Clerk's Office, 150 Ave. Carlos Chardon Ste. 150, San Juan, P.R. 00918-1767.

United States District Court  
Clerk's Office 150 Ave. Carlos Chardon  
Ste. 150, San Juan PR 00918-1767

RECEIVED  
CLERK'S OFFICE  
U.S. DISTRICT COURT  
SAN JUAN, PR

2021 AUG 16 PM 5:57





Participant must provide all of the information below in English:

1. Participant's contact information, including email address, and that of its counsel, if any:

Participant's Name: Laura I. Samot Rodriguez

Participant's Address: 605 Mar Rojo, Urb. Vista Al Mar, Carolina, PR 00982

Participant's Email Address: lisamot13@yahoo.com

Name of Counsel: \_\_\_\_\_

Address of Counsel: \_\_\_\_\_

Email Address of Counsel: \_\_\_\_\_

2. Participant's Claim number and the nature of Participant's Claim:

Claim Number: 74492

Nature of Claim: \_\_\_\_\_

By: [Signature]  
Signature

Laura Samot  
Print Name

Title (if Participant is not an individual)

9/ agosto 2021  
Date

2021 AUG 16 PM 5:57  
U.S. DISTRICT COURT  
SAN JUAN, PR

**Instructions for Filing Notice of Participation:** If you are represented by counsel, this Notice must be filed electronically with the Court on the docket using the CM/ECF docket event Notice of Intent to Participate in Discovery for Commonwealth Plan Confirmation, in *In re Commonwealth of Puerto Rico*, Case No. 17 BK 3283-LTS, through the Court's case filing system on or before the applicable deadline. If you are not represented by counsel, you may instead mail this Notice to the Court's Clerk's Office at: United States District Court, Clerk's Office, 150 Ave. Carlos Chardon Ste. 150, San Juan, P.R. 00918-1767.

Laura I. Sumit Rodriguez  
405 NW 20th  
Orb. Vista Almar  
Catered, PR. 00962

RECEIVED  
CLERK'S OFFICE  
U.S. DISTRICT COURT  
SAN JUAN, PR

2021 AUG 16 PM 5:57

United State District  
Court, clerk's office,  
150 Ave. Carlos Chardon  
Ste. 150, San Juan P.R.  
00918-170625

00918-170625



SAN JUAN PR 009  
18 AUG 2021 PM 1:11



Participant must provide all of the information below **in English**:

1. Participant's contact information, including email address, and that of its counsel, if any:

Participant's Name: Maria del S. Solá Cruz  
Participant's Address: HC 9 Box 12691 Aguadilla, PR 00603  
Participant's Email Address: msolacruz1@gmail.com  
Name of Counsel: \_\_\_\_\_  
Address of Counsel: \_\_\_\_\_  
Email Address of Counsel: \_\_\_\_\_

2. Participant's Claim number and the nature of Participant's Claim:

Claim Number: No. 17 BK 3283-LTS  
Nature of Claim: PROHESA Title III  
By: Maria del S. Solá Cruz  
Signature  
Maria del S. Solá Cruz  
Print Name  
Técnico de Servicio a Familia I  
Title (if Participant is not an individual)  
13 / Agosto / 21  
Date

**Instructions for Filing Notice of Participation:** If you are represented by counsel, this Notice must be filed electronically with the Court on the docket using the CM/ECF docket event Notice of Intent to Participate in Discovery for Commonwealth Plan Confirmation, in *In re Commonwealth of Puerto Rico*, Case No. 17 BK 3283-LTS, through the Court's case filing system on or before the applicable deadline. If you are not represented by counsel, you may instead mail this Notice to the Court's Clerk's Office at: United States District Court, Clerk's Office, 150 Ave. Carlos Chardon Ste. 150, San Juan, P.R. 00918-1767.



Maria del S. Sola Cruz  
HQ Bor 12691  
Ayudilla PL 00603

SAN JUAN PR 009  
13 AUG 2021 PM 2 L



2001 AUG 16 PM 5:57

RECEIVED  
CLERK'S OFFICE  
U.S. DISTRICT COURT  
SAN JUAN, PR

United States District Court  
Clerk's Office, 150 Ave  
Carlos Chardon Ste. 150  
San Juan PR

00918-1767

00918-240550



Participant must provide all of the information below in **English**:

1. Participant's contact information, including email address, and that of its counsel, if any:

Participant's Name: Juan J. Rivera Ayala  
Participant's Address: HC-04 Box 8690 Aguas Buenas P.R. 00703  
Participant's Email Address: \_\_\_\_\_  
Name of Counsel: \_\_\_\_\_  
Address of Counsel: \_\_\_\_\_  
Email Address of Counsel: \_\_\_\_\_

2. Participant's Claim number and the nature of Participant's Claim:

Claim Number: 10369  
Nature of Claim: El Sistema de Retiro de los Empleados del Gobierno del Estado Libre Asociado de Puerto Rico.  
By: Juan J. Rivera Ayala  
Signature  
Print Name: Juan J. Rivera Ayala

Title (if Participant is not an individual)

11 Agosto 2021  
Date

**Instructions for Filing Notice of Participation:** If you are represented by counsel, this Notice must be filed electronically with the Court on the docket using the CM/ECF docket event Notice of Intent to Participate in Discovery for Commonwealth Plan Confirmation, in *In re Commonwealth of Puerto Rico*, Case No. 17 BK 3283-LTS, through the Court's case filing system on or before the applicable deadline. If you are not represented by counsel, you may instead mail this Notice to the Court's Clerk's Office at: United States District Court, Clerk's Office, 150 Ave. Carlos Chardon Ste. 150, San Juan, P.R. 00918-1767.

*Jose L. Juan Ayala*  
*150-04 1800 St 90*  
*Ayres Quarry, PR*  
*00703*

20 AUG 16 PM 5 56

U.S. DISTRICT COURT  
SAN JUAN, PR  
CLERK'S OFFICE  
150-04 1800 ST 90  
AYRES QUARRY, PR  
00703

0081882405 0016

SAN JUAN PR 009  
13 AUG 2021 PM 2 L



*United State District Court,*  
*Clerk's office, 150 Ave. Carlos*  
*Chardon St. 150*  
*San Juan, P.R. 00918-1749*





Participant must provide all of the information below **in English**:

1. Participant's contact information, including email address, and that of its counsel, if any:

Participant's Name:

CARMEN MYRNA RODRIGUEZ RAMOS

Participant's Address:

Calle Maria Luisti #852 (Unit 81) 6 mandate  
San Juan P.R.

Participant's Email Address:

cmaod33@gmail.com

Name of Counsel:

N/A

Address of Counsel:

N/A

Email Address of Counsel:

N/A

2. Participant's Claim number and the nature of Participant's Claim:

Claim Number:

1359 94

Nature of Claim:

PENSION / RETIRED CLAIM

By:

Signature

Carmen Myrna Rodriguez Ramos

Print Name

CARMEN MYRNA RODRIGUEZ RAMOS

Title (if Participant is not an individual)

Date

August 11, 2021

**Instructions for Filing Notice of Participation:** If you are represented by counsel, this Notice must be filed electronically with the Court on the docket using the CM/ECF docket event Notice of Intent to Participate in Discovery for Commonwealth Plan Confirmation, in *In re Commonwealth of Puerto Rico*, Case No. 17 BK 3283-LTS, through the Court's case filing system on or before the applicable deadline. If you are not represented by counsel, you may instead mail this Notice to the Court's Clerk's Office at: United States District Court, Clerk's Office, 150 Ave. Carlos Chardon Ste. 150, San Juan, P.R. 00918-1767.

Ante R. Rodriguez  
Calle Maria Cuisti 852  
U.S. 21 Monasterio  
San Juan P.R. 00924

00916-240550

RECEIVED  
CLERK'S OFFICE  
U.S. DISTRICT COURT  
SAN JUAN, P.R.

2021 AUG 16 PM 5:56

SAN JUAN PR 009  
13 AUG 2021 PM 2 L



United States District Court  
Clerk's Office 150  
San Juan Plaza  
San Juan P.R.  
00916-240550

Participant must provide all of the information below **in English**:

1. Participant's contact information, including email address, and that of its counsel, if any:

Participant's Name:

Rafael Garcia Garcia

Participant's Address:

5415 Calle 8 Urb. Monte Brisas 5  
Fajardo, P.R. 00738

Participant's Email Address:

Name of Counsel:

N/A

Address of Counsel:

N/A

Email Address of Counsel:

2. Participant's Claim number and the nature of Participant's Claim:

Claim Number:

165086

Nature of Claim:

Empleados Públicos y pensión jubilación

By:

Rafael Garcia Garcia  
Signature

Rafael Garcia Garcia

Print Name

Title (if Participant is not an individual)

8/10/2021

Date

**Instructions for Filing Notice of Participation:** If you are represented by counsel, this Notice must be filed electronically with the Court on the docket using the CM/ECF docket event Notice of Intent to Participate in Discovery for Commonwealth Plan Confirmation, in *In re Commonwealth of Puerto Rico*, Case No. 17 BK 3283-LTS, through the Court's case filing system on or before the applicable deadline. If you are not represented by counsel, you may instead mail this Notice to the Court's Clerk's Office at: United States District Court, Clerk's Office, 150 Ave. Carlos Chardon Ste. 150, San Juan, P.R. 00918-1767.



Rafael Huerin Huerin  
5H15 Calle 8 Urb. Monte Duas  
Fajardo P.R. 00738

SAN JUAN PR 009  
12 AUG 2021 PM 1 L

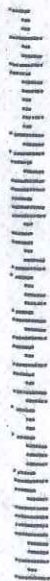


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CLERK'S OFFICE  
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SAN JUAN, PR

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Court's Clerk's Office at:  
United States District Court,  
Clerk's Office, 150  
Queo Carlos Chardon Ste 150  
San Juan P.R. 00918-1767

0091882405



Participant must provide all of the information below in English:

1. Participant's contact information, including email address, and that of its counsel, if any:

Participant's Name: \_\_\_\_\_

Participant's Address:

Participant's Email Address:

Name of Counsel:

Address of Counsel:

Email Address of Counsel:

2. Participant's Claim number and the nature of Participant's Claim:

Claim Number:

Nature of Claim:

By:

Signature

Francisco Garcia Rosado  
Print Name

Title (if Participant is not an individual)

08-07-2021

Date \_\_\_\_\_

**Instructions for Filing Notice of Participation:** If you are represented by counsel, this Notice must be filed electronically with the Court on the docket using the CM/ECF docket event Notice of Intent to Participate in Discovery for Commonwealth Plan Confirmation, in *In re Commonwealth of Puerto Rico*, Case No. 17 BK 3283-LTS, through the Court's case filing system on or before the applicable deadline. If you are not represented by counsel, you may instead mail this Notice to the Court's Clerk's Office at: United States District Court, Clerk's Office, 150 Ave. Carlos Chardon Ste. 150, San Juan, P.R. 00918-1767.

2021 AUG 16 PM 5:56

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U.S. DISTRICT COURT  
SAN JOAQUIN

FRANCISCO GARCIA ROSADO  
HC-03-BOX 5043  
Penuelos P.R. 00634

SAN JUAN PR 009  
9 AUG 2021 PM 2 L



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U.S. DISTRICT COURT  
SAN JUAN, PR

20 AUG 16 PM 5:56

To: United States District  
Court, Clerk's Office, 150  
Ave. Carlos Chardon Ste.  
150, San Juan P.R. 00918-1767



INT



Participant must provide all of the information below **in English**:

1. Participant's contact information, including email address, and that of its counsel, if any:

Participant's Name: Oncida Sanchez Cruz  
Participant's Address: HC-03 Box 57507-Hatillo PR 00659  
Participant's Email Address: onc9668@gmail.com / oncidasanchez@gmail.com  
Name of Counsel: —  
Address of Counsel: —  
Email Address of Counsel: —

2. Participant's Claim number and the nature of Participant's Claim:

Claim Number: 445862 HULLID - 1588915-P  
Nature of Claim: Retirement Benefits  
By: Oncida Sanchez Cruz  
Signature  
Oncida Sanchez Cruz  
Print Name  
—  
Title (if Participant is not an individual)  
August 14, 2021  
Date

**Instructions for Filing Notice of Participation:** If you are represented by counsel, this Notice must be filed electronically with the Court on the docket using the CM/ECF docket event Notice of Intent to Participate in Discovery for Commonwealth Plan Confirmation, in *In re Commonwealth of Puerto Rico*, Case No. 17 BK 3283-LTS, through the Court's case filing system on or before the applicable deadline. If you are not represented by counsel, you may instead mail this Notice to the Court's Clerk's Office at: United States District Court, Clerk's Office, 150 Ave. Carlos Chardon Ste. 150, San Juan, P.R. 00918-1767.



GOBIERNO DE PUERTO RICO

Administración de los Sistemas de Retiro  
de los Empleados del Gobierno y la Judicatura

**ESTADO DE CUENTA ESTIMADO**

26 de mayo de 2021

**Agencia: 406 - DEPARTAMENTO DE LA FAMILIA**

ONEIDA SANCHEZ CRUZ  
HC-05 BOX 57507  
HATILLO, PR 00659 9750

**Seguro Social: XXX-XX-4017**

A base de la información en nuestros registros, al 26 de mayo de 2021 usted posee:

**Fecha de Nacimiento: 06 de septiembre de 1968**

**Género: Femenino**

**Fecha de Ingreso al Servicio Público: 31 de diciembre de 1989**

**Fecha de Comienzo de Cotización: 31 de diciembre de 1989**

<b>Ley Anterior al 30 de junio de 2013</b>		<b>Ley 3 al 30 de junio de 2017</b>	
Años Acreditados:	23.75	Tiempo Trabajado:	4.01
Aportaciones:	\$32,708.98	Aportaciones:	\$11,642.20
Intereses:	\$9,253.57	Intereses:	\$926.38
Gastos Teneduría:	\$0.00	Gastos Teneduría:	\$0.00
Total Aportaciones:	\$41,962.55	Total Aportaciones:	\$12,568.58
SNC Pagado:	\$0.00	Beneficio:	\$0.00
SNC Tiempo:	0.00		
Beneficio:	\$0.00		

Es importante destacar que el Balance de la Aportación Individual reflejada es la acumulación de la cantidad aportada a Retiro a la fecha de la última nómina procesada en el Sistema. Los balances aquí reflejados por concepto de Aportación Individual y Años de Servicio están sujetos a revisión.

En caso de que la información no coincida con sus registros, deberá comunicarse con el Coordinador para Asuntos de Retiro de su Agencia o Municipio. Además, puedes acceder esta información a través de la sección Servicios en Línea del Portal de Internet de Retiro: <http://www.retiro.pr.gov>.

**Le recordamos que previo a radicar una solicitud de pensión, deberá solicitar un Estado de Cuenta oficial a través de su Coordinador.**

Coordialmente,

Unidad de Estado de Cuenta  
Área de Participantes



Orinda Sanchez Cruz  
H-203 Box 57527  
Hialeah, South Flaco 33159

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CLERK'S OFFICE  
U.S. DISTRICT COURT  
SAN JUAN, PR

2021 AUG 16 PM 5:56

United States District Court  
Clerk's Office, 150 Ave.  
Carlos Chardon Ste. 150  
San Juan, PR 00918-1767





Participant must provide all of the information below **in English**:

1. Participant's contact information, including email address, and that of its counsel, if any:

Participant's Name: Evyflor Espinosa Rosado

Participant's Address: P.O. Box 3404 Lajas P.R. 00667

Participant's Email Address: \_\_\_\_\_

Name of Counsel: N/A

Address of Counsel: N/A

Email Address of Counsel: N/A

2. Participant's Claim number and the nature of Participant's Claim:

Claim Number: 17 BK 3283- LTS

Nature of Claim: Jointly Administered - The Commonwealth of P.R. The Employees retirement system of the Commonwealth of P.R.

By: Evyflor Espinosa Rosado  
Signature

Evyflor Espinosa Rosado  
Print Name

\_\_\_\_\_  
Title (if Participant is not an individual)

8/8/2021  
Date

**Instructions for Filing Notice of Participation:** If you are represented by counsel, this Notice must be filed electronically with the Court on the docket using the CM/ECF docket event Notice of Intent to Participate in Discovery for Commonwealth Plan Confirmation, in *In re Commonwealth of Puerto Rico*, Case No. 17 BK 3283-LTS, through the Court's case filing system on or before the applicable deadline. If you are not represented by counsel, you may instead mail this Notice to the Court's Clerk's Office at: United States District Court, Clerk's Office, 150 Ave. Carlos Chardon Ste. 150, San Juan, P.R. 00918-1767.

Englebert Espinosa Navas  
P.O. Box 3404  
Bayes, P.R. 00667



United States District Court  
Clerk's Office  
150 Ave. Carlos Chabela  
Ste. 150  
San Juan P.R. 00918-1767

SAN JUAN PR 009  
14 AUG 2021 PM 1 L

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CLERK'S OFFICE  
U.S. DISTRICT COURT  
SAN JUAN, P.R.  
2021 AUG 16 PM 5:56



Participant must provide all of the information below in English:

1. Participant's contact information, including email address, and that of its counsel, if any:

Participant's Name:

Don Willie A. Andrade Garcia

Participant's Address:

Calle 7-H-16 Urb. Bellavista Guaynabo, Puerto Rico 00969

Participant's Email Address:

dwa.vpa.school@gmail.com

Name of Counsel:

—X—

Address of Counsel:

—X—

Email Address of Counsel:

—X—

2. Participant's Claim number and the nature of Participant's Claim:

Claim Number:

Vea Redamación

Nature of Claim:

"El Romerazo"

By:

Don Willie A. Andrade Garcia

Signature

Willie A. Andrade Garcia

Print Name

Title (if Participant is not an individual)

Date

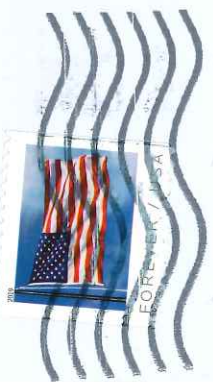
**Instructions for Filing Notice of Participation:** If you are represented by counsel, this Notice must be filed electronically with the Court on the docket using the CM/ECF docket event Notice of Intent to Participate in Discovery for Commonwealth Plan Confirmation, in *In re Commonwealth of Puerto Rico*, Case No. 17 BK 3283-LTS, through the Court's case filing system on or before the applicable deadline. If you are not represented by counsel, you may instead mail this Notice to the Court's Clerk's Office at: United States District Court, Clerk's Office, 150 Ave. Carlos Chardon Ste. 150, San Juan, P.R. 00918-1767.

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U.S. DISTRICT COURT  
SAN JUAN, PR



Don Willie Hernandez  
calle 7, H-16  
Kuyababo Puerto Rico, 00969

JUAN PR 009  
AUG 16 2021 PM 2 L



2021 AUG 16 PM 5:57

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U.S. DISTRICT COURT  
SAN JUAN, PR

Court Clerk's Office of  
United States District Court,  
Clerk Office 150 Ave. Luis  
Chardon St 150 Ave  
00918-1767

00918-1767

Participant must provide all of the information below in English:

1. Participant's contact information, including email address, and that of its counsel, if any:

Participant's Name: Yvette Sanchez Ortiz  
Participant's Address: HC10 Box 9997 Sabana Grande, P.R.  
Participant's Email Address: iveor1028@gmail.com 00637  
Name of Counsel: \_\_\_\_\_  
Address of Counsel: \_\_\_\_\_  
Email Address of Counsel: \_\_\_\_\_

2. Participant's Claim number and the nature of Participant's Claim:

Claim Number: \_\_\_\_\_

Nature of Claim: \_\_\_\_\_

By: Yvette Sanchez Ortiz  
Signature

Yvette Sanchez Ortiz  
Print Name

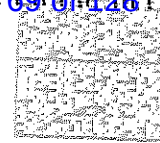
\_\_\_\_\_  
Title (if Participant is not an individual)

7 de agosto de 2021  
Date

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U.S. DISTRICT COURT  
SAN JUAN, PR  
AUG 15 PM 5:57

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830 Third Ave, 9<sup>th</sup> Floor  
New York, NY 10022



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02 4VI  
0000349804 SEP 10 2018

In re Commonwealth of Puerto Rico  
Case No. 17-03283

United States Bankruptcy Court for the District of Puerto Rico (San Juan)

**PRIME CLERK RECEIVED YOUR  
PROOF OF CLAIM.**

Date Filed: 6/29/2018  
Proof of Claim No.: 136133

For additional information, please visit  
<http://cases.primeclerk.com/puertorico>, or  
call us at 844.822.9231.

Yvette Sanchez Ortiz  
HC10 Box 7997  
Sabana Grande, PR 00736

**Prime Clerk**  
830 Third Ave, 9<sup>th</sup> Floor  
New York, NY 10022



U.S. POSTAGE PITNEY BOWES  
ZIP 11232 \$ 000.35<sup>0</sup>  
02 4VI  
0000349804 SEP 04 2018

In re Commonwealth of Puerto Rico  
Case No. 17-03283

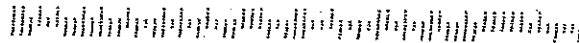
United States Bankruptcy Court for the District of Puerto Rico (San Juan)

**PRIME CLERK RECEIVED YOUR  
PROOF OF CLAIM.**

Date Filed: 6/29/2018  
Proof of Claim No.: 115442

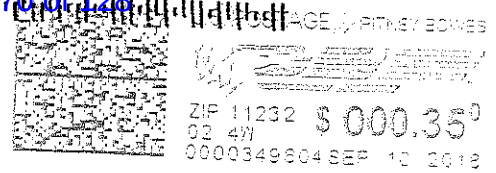
For additional information, please visit  
<http://cases.primeclerk.com/puertorico>, or  
call us at 844.822.9231.

Yvette Sanchez Ortiz  
HC10 Box 7997  
Sabana Grande, PR 00637





830 Third Ave, 9<sup>th</sup> Floor  
New York, NY 10022



In re Commonwealth of Puerto Rico  
Case No. 17-03283  
United States Bankruptcy Court for the District of Puerto Rico (San Juan)

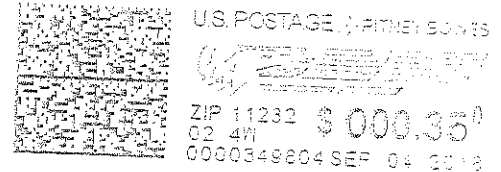
**PRIME CLERK RECEIVED YOUR  
PROOF OF CLAIM.**

Date Filed: 6/29/2018  
Proof of Claim No.: 136133

For additional information, please visit  
<http://cases.primeclerk.com/puertorico>, or  
call us at 844.822.9231.

Yvette Sanchez Ortiz  
HC10 Box 7997  
Sabana Grande, PR 00736

**Prime Clerk**  
830 Third Ave, 9<sup>th</sup> Floor  
New York, NY 10022



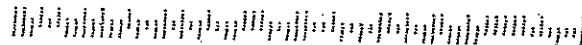
In re Commonwealth of Puerto Rico  
Case No. 17-03283  
United States Bankruptcy Court for the District of Puerto Rico (San Juan)

**PRIME CLERK RECEIVED YOUR  
PROOF OF CLAIM.**

Date Filed: 6/29/2018  
Proof of Claim No.: 115442

For additional information, please visit  
<http://cases.primeclerk.com/puertorico>, or  
call us at 844.822.9231.

Yvette Sanchez Ortiz  
HC10 Box 7997  
Sabana Grande, PR 00637



UNITED STATES DISTRICT COURT FOR THE DISTRICT OF PUERTO RICO / TRIBUNAL DE DISTRITO DE LOS ESTADOS UNIDOS PARA EL DISTRITO DE PUERTO RICO

Fill in this information to identify the case (Select only one Debtor per claim form). /  
Llene esta información para identificar el caso (seleccione sólo un deudor por formulario de reclamación).

<input checked="" type="checkbox"/> Commonwealth of Puerto Rico El Estado Libre Asociado de Puerto Rico	Case No. 17-bk-03283	Petition Date: May 3, 2017
<input type="checkbox"/> Puerto Rico Sales Tax Financing Corporation (COFINA) La Corporación del Fondo de Interés Apremiante de Puerto Rico	Case No. 17-bk-03284	Petition Date: May 5, 2017
<input type="checkbox"/> Puerto Rico Highways and Transportation Authority La Autoridad de Carreteras y Transportación de Puerto Rico	Case No. 17-bk-03567	Petition Date: May 21, 2017
<input type="checkbox"/> Employees Retirement System of the Government of the Commonwealth of Puerto Rico El Sistema de Retiro de los Empleados del Gobierno del Estado Libre Asociado de Puerto Rico	Case No. 17-bk-03566	Petition Date: May 21, 2017
<input type="checkbox"/> Puerto Rico Electric Power Authority La Autoridad de Energía Eléctrica de Puerto Rico	Case No. 17-bk-04780	Petition Date: July 2, 2017

2018 JUN 29 A 9:03

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## Modified Official Form 410 / Formulario Oficial 410 Modificado

### Proof of Claim / Evidencia de reclamación

04/16

Read the instructions before filling out this form. This form is for making a claim for payment in a Title III case. Do not use this form to make a request for payment of an administrative expense, other than a claim entitled to administrative priority pursuant to 11 U.S.C. § 503(b)(9). Make such a request according to 11 U.S.C. § 503.

Filers must leave out or redact information that is entitled to privacy or subject to confidentiality on this form or on any attached documents. Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. Do not send original documents; they may be destroyed after scanning. If the documents are not available, explain in an attachment.

Lea las instrucciones antes de completar este formulario. Este formulario está diseñado para realizar una reclamación de pago en un caso en virtud del Título III. No utilice este formulario para solicitar el pago de un gasto administrativo que no sea una reclamación que reúna los requisitos para ser tratada como prioridad administrativa conforme al Título 11 § 503(b) (9) del U.S.C. Ese tipo de solicitud debe realizarse de conformidad con el Título 11 § 503 del U.S.C.

Quienes presenten la documentación deben omitir o editar información que reúna los requisitos para ser tratada con privacidad o confidencialidad en este formulario o en cualquier otro documento adjunto. Adjunte copias editadas de cualquier otro documento que respalde la reclamación, tales como pagarés, órdenes de compra, facturas, balances detallados de cuentas en funcionamiento, contratos, resoluciones judiciales, hipotecas y acuerdos de garantías. No adjunte documentos originales, ya que es posible que los documentos adjuntos se destruyan luego de analizarlos. En caso de que los documentos no estén disponibles, explique los motivos en un anexo.

Fill in all the information about the claim as of the Petition Date.

Complete toda la información acerca de la reclamación a la fecha en la que se presentó el caso.

#### Part 1 / Parte 1

#### Identify the Claim / Identificar la reclamación

1. Who is the current creditor?

¿Quién es el acreedor actual?

*Yvette Sánchez Ortiz*

Name of the current creditor (the person or entity to be paid for this claim)  
Nombre al acreedor actual (la persona o la entidad a la que se le pagará la reclamación)

Other names the creditor used with the debtor  
Otros nombres que el acreedor usó con el deudor

UNITED STATES DISTRICT COURT FOR THE DISTRICT OF PUERTO RICO / TRIBUNAL DE DISTRITO DE LOS ESTADOS UNIDOS PARA EL DISTRITO DE PUERTO RICO

Fill in this information to identify the case (Select only one Debtor per claim form). / Llene esta información para identificar el caso (seleccione sólo un deudor por formulario de reclamación).		
<input checked="" type="checkbox"/> Commonwealth of Puerto Rico El Estado Libre Asociado de Puerto Rico	Case No. 17-bk-03283	Petition Date: May 3, 2017
<input type="checkbox"/> Puerto Rico Sales Tax Financing Corporation (COFINA) La Corporación del Fondo de Interés Apremiante de Puerto Rico	Case No. 17-bk-03284	Petition Date: May 5, 2017
<input type="checkbox"/> Puerto Rico Highways and Transportation Authority La Autoridad de Carreteras y Transportación de Puerto Rico	Case No. 17-bk-03567	Petition Date: May 21, 2017
<input type="checkbox"/> Employees Retirement System of the Government of the Commonwealth of Puerto Rico El Sistema de Retiro de los Empleados del Gobierno del Estado Libre Asociado de Puerto Rico	Case No. 17-bk-03566	Petition Date: May 21, 2017
<input type="checkbox"/> Puerto Rico Electric Power Authority La Autoridad de Energía Eléctrica de Puerto Rico	Case No. 17-bk-04780	Petition Date: July 2, 2017

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Modified Official Form 410 / Formulario Oficial 410 Modificado

**Proof of Claim / Evidencia de reclamación**

04/16

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Filers must leave out or redact information that is entitled to privacy or subject to confidentiality on this form or on any attached documents. Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. Do not send original documents; they may be destroyed after scanning. If the documents are not available, explain in an attachment.

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Quienes presenten la documentación deben omitir o editar información que reúna los requisitos para ser tratada con privacidad o confidencialidad en este formulario o en cualquier otro documento adjunto. Adjunte copias editadas de cualquier otro documento que respalde la reclamación, tales como pagarés, órdenes de compra, facturas, balances detallados de cuentas en funcionamiento, contratos, resoluciones judiciales, hipotecas y acuerdos de garantías. No adjunte documentos originales, ya que es posible que los documentos adjuntos se destruyan luego de analizarlos. En caso de que los documentos no estén disponibles, explique los motivos en un anexo.

Fill in all the information about the claim as of the Petition Date.

Complete toda la información acerca de la reclamación a la fecha en la que se presentó el caso.

**Part 1 / Parte 1**

**Identify the Claim / Identificar la reclamación**

1. Who is the current creditor?

¿Quién es el acreedor actual?

*Yvette Sánchez Ortiz*

Name of the current creditor (the person or entity to be paid for this claim)  
Nombre al acreedor actual (la persona o la entidad a la que se le pagará la reclamación)

Other names the creditor used with the debtor  
Otros nombres que el acreedor usó con el deudor



2. Has this claim been acquired from someone else? <input checked="" type="checkbox"/> No / No <input type="checkbox"/> Yes. From whom? Si. ¿De quién? _____ ¿Esta reclamación se ha adquirido de otra persona?					
3. Where should notices and payments to the creditor be sent? Federal Rule of Bankruptcy Procedure (FRBP) 2002(g) ¿A dónde deberían enviarse las notificaciones al acreedor? Norma federal del procedimiento de quiebra (FRBP, por sus siglas en inglés) 2002(g)			Where should notices to the creditor be sent? ¿A dónde deberían enviarse las notificaciones al acreedor? Where should payments to the creditor be sent? (if different) ¿A dónde deberían enviarse los pagos al acreedor? (En caso de que sea diferente)		
Name / Nombre <u>Yvette Sanchez Ortiz</u>			Name / Nombre		
Number / Número <u>HC10 Box 7997</u>			Number / Número		
Street / Calle <u>Sabana Grande, PR. 00637</u>			Street / Calle		
City / Ciudad <u>(787) 596-4691</u>			City / Ciudad		
State / Estado <u>PR</u>			State / Estado		
ZIP Code / Código postal <u>00637</u>			ZIP Code / Código postal		
Contact phone / Teléfono de contacto <u>ivepr1028@gmail.com</u>			Contact phone / Teléfono de contacto		
Contact email / Correo electrónico de contacto			Contact email / Correo electrónico de contacto		
4. Does this claim amend one already filed? ¿Esta reclamación es una enmienda de otra presentada anteriormente?			<input checked="" type="checkbox"/> No / No <input type="checkbox"/> Yes. Claim number on court claims registry (if known) Si. Número de reclamación en el registro de reclamaciones judiciales (en caso de saberlo) Filed on / Presentada el _____ (MM/DD/YYYY) / (DD/MM/AAAA)		
5. Do you know if anyone else has filed a proof of claim for this claim? ¿Sabe si alguien más presentó una evidencia de reclamación para esta reclamación?			<input checked="" type="checkbox"/> No / No <input type="checkbox"/> Yes. Who made the earlier filing? Si. ¿Quién hizo la reclamación anterior? _____		

**Part 2 / Parte 2:**

**Give Information About the Claim as of the Petition Date**

**Complete toda la información acerca de la reclamación desde la fecha en la que se presentó el caso.**

6. Do you have a claim against a specific agency or department of the Commonwealth of Puerto Rico? ¿Tiene una reclamación en contra de algún organismo o departamento específico del Estado Libre Asociado de Puerto Rico?		<input type="checkbox"/> No / No <input checked="" type="checkbox"/> Yes. Identify the agency or department and contact name. (A list of Commonwealth of Puerto Rico agencies and departments is available at: <a href="https://cases.primeclerk.com/puertorico/">https://cases.primeclerk.com/puertorico/</a> ) Si. Identifique el organismo o departamento y nombre del representante. (Una lista de agencias y departamentos del Estado Libre Asociado de Puerto Rico está disponible en: <a href="https://cases.primeclerk.com/puertorico/">https://cases.primeclerk.com/puertorico/</a> ).
<u>Departamento de Educación</u>		
7. Do you supply goods and / or services to the government? ¿Proporciona bienes y / o servicios al gobierno?		<input type="checkbox"/> No / No <input checked="" type="checkbox"/> Yes. Provide the additional information set forth below / Si. Proporcionar la información adicional establecida a continuación: Vendor / Contract Number   Número de proveedor / contrato: _____ List any amounts due after the Petition Date (listed above) but before June 30, 2017: Anote la cantidad que se le debe después de la fecha que se presentó el caso (mencionados anteriormente), pero antes del 30 de junio de 2017 \$ _____

2. Has this claim been acquired from someone else? <input checked="" type="checkbox"/> No / No <input type="checkbox"/> Yes. From whom? Si. ¿De quién? _____ ¿Esta reclamación se ha adquirido de otra persona? _____		
3. Where should notices and payments to the creditor be sent? Federal Rule of Bankruptcy Procedure (FRBP) 2002(g) ¿A dónde deberían enviarse las notificaciones al acreedor? Norma federal del procedimiento de quiebra (FRBP, por sus siglas en inglés) 2002(g)		Where should notices to the creditor be sent? ¿A dónde deberían enviarse las notificaciones al acreedor? Where should payments to the creditor be sent? (if different) ¿A dónde deberían enviarse los pagos al acreedor? (En caso de que sea diferente)
Name / Nombre <u>Vivette Sánchez Ortiz</u> Number / Número <u>Hc10 Box 7997</u> Street / Calle <u>Sabana Grande, PR. 00637</u> City / Ciudad <u>(787) 596-4691</u> State / Estado <u>PR</u> ZIP Code / Código postal <u>00637</u> Contact phone / Teléfono de contacto <u>ivepr1028@gmail.com</u> Contact email / Correo electrónico de contacto		Name / Nombre _____ Number / Número _____ Street / Calle _____ City / Ciudad _____ State / Estado _____ ZIP Code / Código postal _____ Contact phone / Teléfono de contacto _____ Contact email / Correo electrónico de contacto _____
4. Does this claim amend one already filed? ¿Esta reclamación es una enmienda de otra presentada anteriormente? <input checked="" type="checkbox"/> No / No <input type="checkbox"/> Yes. Claim number on court claims registry (if known) Si. Número de reclamación en el registro de reclamaciones judiciales (en caso de saberlo) _____ Filed on / Presentada el _____ (MM/DD/YYYY) / (DD/MM/AAAA)		
5. Do you know if anyone else has filed a proof of claim for this claim? ¿Sabe si alguien más presentó una evidencia de reclamación para esta reclamación? <input checked="" type="checkbox"/> No / No <input type="checkbox"/> Yes. Who made the earlier filing? Sí. ¿Quién hizo la reclamación anterior? _____		

**Part 2 / Parte 2:**

**Give Information About the Claim as of the Petition Date**

**Complete toda la información acerca de la reclamación desde la fecha en la que se presentó el caso.**

6. Do you have a claim against a specific agency or department of the Commonwealth of Puerto Rico? ¿Tiene una reclamación en contra de algún organismo o departamento específico del Estado Libre Asociado de Puerto Rico? <input type="checkbox"/> No / No <input checked="" type="checkbox"/> Yes. Identify the agency or department and contact name. (A list of Commonwealth of Puerto Rico agencies and departments is available at: <a href="https://cases.primeclerk.com/puertorico/">https://cases.primeclerk.com/puertorico/</a> ) Si. Identifique el organismo o departamento y nombre del representante. (Una lista de agencias y departamentos del Estado Libre Asociado de Puerto Rico está disponible en: <a href="https://cases.primeclerk.com/puertorico/">https://cases.primeclerk.com/puertorico/</a> ) <u>Departamento de Educación</u>	
7. Do you supply goods and / or services to the government? ¿Proporciona bienes y / o servicios al gobierno? <input type="checkbox"/> No / No <input checked="" type="checkbox"/> Yes. Provide the additional information set forth below / Si. Proporcionar la información adicional establecida a continuación: Vendor / Contract Number   Número de proveedor / contrato: _____ List any amounts due after the Petition Date (listed above) but before June 30, 2017: Anote la cantidad que se le debe después de la fecha que se presentó el caso (mencionados anteriormente), pero antes del 30 de junio de 2017 \$ _____	

8. How much is the claim? \$ 75,000.00

¿Cuál es el importe de la reclamación?

Does this amount include interest or other charges?

¿Este importe incluye intereses u otros cargos?

☒ No / No

☐ Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A).

Sí. Adjunte un balance con intereses detallados, honorarios, gastos u otros cargos exigidos por la Norma de Quiebras 3001(c)(2)(A).

9. What is the basis of the claim?

¿Cuál es el fundamento de la reclamación?

Examples: Goods sold, money loaned, lease, services performed, personal injury or wrongful death, or credit card. Attach redacted copies of any documents supporting the claim required by Bankruptcy Rule 3001(c). Limit disclosing information that is entitled to privacy, such as health care information.

Por ejemplo: Venta de bienes, préstamo de dinero, arrendamiento, prestación de servicios, lesiones personales u homicidio culposo, o tarjetas de crédito. Adjunte copias editadas de cualquier documento que respalde la reclamación conforme a lo exigido por la Norma de Quiebras 3001(c). Limite la divulgación de información que reúne los requisitos para ser tratada con privacidad, tal como información sobre atención médica.

Incentivo Laboral

10. Is all or part of the claim secured?

¿La reclamación está garantizada de manera total o parcial?

☒ No / No

☐ Yes. The claim is secured by a lien on property.

Sí. La reclamación está garantizada por un derecho de retención sobre un bien.

Nature of property / Naturaleza del bien:

☐ Motor vehicle / Vehículos

☐ Other. Describe:

Otro. Describir: \_\_\_\_\_

Basis for perfection / Fundamento de la realización de pasos adicionales: \_\_\_\_\_

Attach redacted copies of documents, if any, that show evidence of perfection of a security interest (for example, a mortgage, lien, certificate of title, financing statement, or other document that shows the lien has been filed or recorded.)

Adjunte copias editadas de documentos, si los hubiere, que demuestre la realización de pasos adicionales para hacer valer un derecho de garantía (por ejemplo, una hipoteca, un derecho de retención, un certificado de propiedad, una declaración de financiamiento u otro documento que demuestre que se ha presentado o registrado un derecho de retención.

Value of property / Valor del bien: \$ \_\_\_\_\_

Amount of the claim that is secured /

Importe de la reclamación que está garantizado: \$ \_\_\_\_\_

Amount of the claim that is unsecured /

Importe de la reclamación que no está garantizado: \$ \_\_\_\_\_

(The sum of the secured and unsecured amounts should match the amount in line 7.)

(La suma del importe garantizado y no garantizado debe coincidir con el importe de la línea 7.)

Amount necessary to cure any default as of the Petition Date /

Importe necesario para compensar toda cesación de pago a la fecha que se presentó el caso: \$ \_\_\_\_\_

Annual Interest Rate (on the Petition Date)

Tasa de interés anual (cuando se presentó el caso) \_\_\_\_\_ %

☐ Fixed / Fija

☐ Variable / Variable

11. Is this claim based on a lease?

☒ No / No

☐ Yes. Amount necessary to cure any default as of the Petition Date.

Sí. Importe necesario para compensar toda cesación de pago a partir de la que se presentó el caso \$ \_\_\_\_\_

¿Esta reclamación está basada en un arrendamiento?



8. How much is the claim? \$ 75,000.00

¿Cuál es el importe de la reclamación?

Does this amount include interest or other charges?

¿Este importe incluye intereses u otros cargos?

☒ No / No

☐ Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A).

Sí. Adjunte un balance con intereses detallados, honorarios, gastos u otros cargos exigidos por la Norma de Quiebras 3001(c)(2)(A).

9. What is the basis of the claim?

¿Cuál es el fundamento de la reclamación?

Examples: Goods sold, money loaned, lease, services performed, personal injury or wrongful death, or creditcard. Attach redacted copies of any documents supporting the claim required by Bankruptcy Rule 3001(c). Limit disclosing information that is entitled to privacy, such as health care information.

Por ejemplo: Venta de bienes, préstamo de dinero, arrendamiento, prestación de servicios, lesiones personales u homicidio culposo, o tarjetas de crédito. Adjunte copias editadas de cualquier documento que respalde la reclamación conforme a lo exigido por la Norma de Quiebras 3001(c). Limite la divulgación de información que reúne los requisitos para ser tratada con privacidad, tal como información sobre atención médica.

Incentivo Laboral

10. Is all or part of the claim secured?

¿La reclamación está garantizada de manera total o parcial?

☒ No / No

☐ Yes. The claim is secured by a lien on property.

Sí. La reclamación está garantizada por un derecho de retención sobre un bien.

Nature of property / Naturaleza del bien:

☐ Motor vehicle / Vehículos

☐ Other. Describe:

Otro. Describir: \_\_\_\_\_

Basis for perfection / Fundamento de la realización de pasos adicionales: \_\_\_\_\_

Attach redacted copies of documents, if any, that show evidence of perfection of a security interest (for example, a mortgage, lien, certificate of title, financing statement, or other document that shows the lien has been filed or recorded.)

Adjunte copias editadas de documentos, si los hubiere, que demuestre la realización de pasos adicionales para hacer valer un derecho de garantía (por ejemplo, una hipoteca, un derecho de retención, un certificado de propiedad, una declaración de financiamiento u otro documento que demuestre que se ha presentado o registrado un derecho de retención.

Value of property / Valor del bien: \$ \_\_\_\_\_

Amount of the claim that is secured /  
Importe de la reclamación que está garantizado: \$ \_\_\_\_\_

Amount of the claim that is unsecured /  
Importe de la reclamación que no está garantizado: \$ \_\_\_\_\_

(The sum of the secured and unsecured amounts should match the amount in line 7.)  
(La suma del importe garantizado y no garantizado debe coincidir con el importe de la línea 7.)

Amount necessary to cure any default as of the Petition Date /  
Importe necesario para compensar toda cesación de pago a la fecha que se presentó el caso: \$ \_\_\_\_\_

Annual Interest Rate (on the Petition Date)

Tasa de interés anual (cuando se presentó el caso) \_\_\_\_\_ %

☐ Fixed / Fija

☐ Variable / Variable

11. Is this claim based on a lease?

¿Esta reclamación está basada en un arrendamiento?

☒ No / No

☐ Yes. Amount necessary to cure any default as of the Petition Date.

Sí. Importe necesario para compensar toda cesación de pago a partir de la que se presentó el caso \$ \_\_\_\_\_

12. Is this claim subject to a right of setoff?

☒ No / No

¿La reclamación está sujeta a un derecho de compensación?

☐ Yes. Identify the property / Si. Identifique el bien:

13. Is all or part of the claim entitled to administrative priority pursuant to 11 U.S.C. § 503(b)(9)?

☒ No / No

¿La reclamación, total o parcial, cumple los requisitos para ser tratada como prioridad administrativa conforme al Título 11 § 503(b)(9) del U.S.C.?

☐ Yes. Indicate the amount of your claim arising from the value of any goods received by the debtor within 20 days before the Petition Date in these Title III case(s), in which the goods have been sold to the debtor in the ordinary course of such debtor's business. Attach documentation supporting such claim.

Si. Indique el importe de la reclamación que surge del valor de cualquier bien recibido por el deudor dentro de los 20 días anteriores a la fecha de inicio en estos casos del Título III, en el que los bienes se han vendido al deudor en el transcurso normal de los negocios del deudor. Adjunte la documentación que respalda dicha reclamación.

### Part 3 / Parte 3:

### Sign Below / Firmar a continuación

The person completing this proof of claim must sign and date it. FRBP 9011(b).

If you file this claim electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what a signature is.

La persona que complete esta evidencia de reclamación debe firmar e indicar la fecha. FRBP 9011(b).

Si presenta esta reclamación de manera electrónica, la FRBP 5005(a)(2) autoriza al tribunal a establecer normas locales para especificar qué se considera una firma.

Check the appropriate box / Marque la casilla correspondiente:

☒ I am the creditor. / Soy el acreedor.

☐ I am the creditor's attorney or authorized agent. / Soy el abogado o agente autorizado del acreedor.

☐ I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004. / Soy el síndico, el deudor o su agente autorizado. Norma de quiebra 3004.

☐ I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005. / Soy el garante, fiador, endosante u otro codeudor. Norma de quiebra 3005.

I understand that an authorized signature on this Proof of Claim serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

Comprendo que una firma autorizada en esta Evidencia de reclamación se considera como un reconocimiento de que al calcular el importe de la reclamación, el acreedor le proporcionó al deudor crédito para todo pago recibido para saldar la deuda.

I have examined the information in this Proof of Claim and have a reasonable belief that the information is true and correct.

He leído la información en esta Evidencia de reclamación y tengo motivos razonables para suponer que la información es verdadera y correcta.

I declare under penalty of perjury that the foregoing is true and correct. / Declaro bajo pena de perjurio que lo que antecede es verdadero y correcto.

Executed on date / Ejecutado el 06-29-2018 (MM/DD/YYYY) / (DD/MM/AAAA)

Signature / Firma

Yvette Sanchez Ortiz

Print the name of the person who is completing and signing this claim / Escriba en letra de imprenta el nombre de la persona que completa y firma esta reclamación:

Name

Yvette Sanchez Ortiz  
First name / Primer nombre Middle name / Segundo nombre Last name / Apellido

Title / Cargo

Acreedor

Company / Compañía

ninguna

Identify the corporate servicer as the company if the authorized agent is a servicer. Identifique al recaudador corporativo como la compañía si el agente autorizado es un recaudador.

Address / Dirección

HC 10 Box 7997  
Number / Número Street / Calle

Sabana Grande, P.R.  
City / Ciudad

P.R. 00637  
State / Estado ZIP Code / Código postal

Contact phone / Teléfono de contacto

(787) 596-4691

Email / Correo electrónico

iveor1028@gmail.com

12. Is this claim subject to a right of setoff?

¿La reclamación está sujeta a un derecho de compensación?

☒ No / No

☐ Yes. Identify the property /  
Sí. Identifique el bien:

13. Is all or part of the claim entitled to administrative priority pursuant to 11 U.S.C. § 503(b)(9)?

¿La reclamación, total o parcial, cumple los requisitos para ser tratada como prioridad administrativa conforme al Título 11 § 503(b)(9) del U.S.C.?

☒ No / No

☐ Yes. Indicate the amount of your claim arising from the value of any goods received by the debtor within 20 days before the Petition Date in these Title III case(s), in which the goods have been sold to the debtor in the ordinary course of such debtor's business. Attach documentation supporting such claim.

Sí. Indique el importe de la reclamación que surge del valor de cualquier bien recibido por el deudor dentro de los 20 días anteriores a la fecha de inicio en estos casos del Título III, en el que los bienes se han vendido al deudor en el transcurso normal de los negocios del deudor. Adjunte la documentación que respalda dicha reclamación.

### Part 3 / Parte 3:

### Sign Below / Firmar a continuación

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FRBP 9011(b).

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FRBP 9011(b).

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☒ I am the creditor. / Soy el acreedor.

☐ I am the creditor's attorney or authorized agent. / Soy el abogado o agente autorizado del acreedor.

☐ I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004. / Soy el síndico, el deudor o su agente autorizado. Norma de quiebra 3004.

☐ I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005. / Soy el garante, fiador, endosante u otro codeudor. Norma de quiebra 3005.

I understand that an authorized signature on this Proof of Claim serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

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I declare under penalty of perjury that the foregoing is true and correct. / Declaro bajo pena de perjurio que lo que antecede es verdadero y correcto.

Executed on date / Ejecutado el 06-29-2018 (MM/DD/YYYY) / (DD/MM/AAAA)

Signature / Firma

*Juette Sanchez Ortiz*

Print the name of the person who is completing and signing this claim / Escriba en letra de imprenta el nombre de la persona que completa y firma esta reclamación:

Name

Juette Sanchez Ortiz  
First name / Primer nombre Middle name / Segundo nombre Last name / Apellido

Title / Cargo

Acreedor

Company / Compañía

Ninguna

Identify the corporate servicer as the company if the authorized agent is a servicer.  
Identifique al recaudador corporativo como la compañía si el agente autorizado es un recaudador.

Address / Dirección

HC 10 Box 7997

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Sabana Grande, P.R.  
City / Ciudad

P.R.  
State / Estado

00637  
ZIP Code / Código postal

Contact phone / Teléfono de contacto

(787) 596-4691

Email / Correo electrónico

ivedor1028@gmail.com



Sra. Yvette Sánchez Ortiz  
HC 10 Box 7997  
Sabana Grande, P.R.  
00637



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To: United States  
District Court, Clerk's Office  
150 Ave. Carlos Chardox Ste. 150  
San Juan, P.R. 00918-1767

20 AUG 16 PM 5 57

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U.S. DISTRICT COURT  
SAN JUAN, P.R.

Participant must provide all of the information below in English:

1. Participant's contact information, including email address, and that of its counsel, if any:

Participant's Name: Rosa M. Amalbert Millán  
Participant's Address: Cond. Armonia Los Prados Caguas  
Participant's Email Address: 400 Strand. B Lvd. Caguas, P.R. 00802  
Name of Counsel: \_\_\_\_\_  
Address of Counsel: \_\_\_\_\_  
Email Address of Counsel: \_\_\_\_\_

2. Participant's Claim number and the nature of Participant's Claim:

Claim Number: 150798  
Nature of Claim: Public Employee and Pension  
By: Rosa M. Amalbert Millán Retirees  
Signature  
Rosa M. Amalbert Millán  
Print Name  
Promesa Proof of Claim  
Title (if Participant is not an individual) Ley 189

Date \_\_\_\_\_

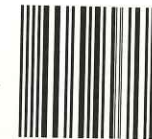
**Instructions for Filing Notice of Participation:** If you are represented by counsel, this Notice must be filed electronically with the Court on the docket using the CM/ECF docket event Notice of Intent to Participate in Discovery for Commonwealth Plan Confirmation, in *In re Commonwealth of Puerto Rico*, Case No. 17 BK 3283-LTS, through the Court's case filing system on or before the applicable deadline. If you are not represented by counsel, you may instead mail this Notice to the Court's Clerk's Office at: United States District Court, Clerk's Office, 150 Ave. Carlos Chardon Ste. 150, San Juan, P.R. 00918-1767.



Rosa M. Amador  
Condominio Armonia Los Prados  
400 Grand Blvd. Caguas, P.R. 000727



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Office  
United States District Court Clerk's  
Office  
150 Ave. Carlos Chardon Ste. 150  
San Juan, P.R.  
00918-1767



Participant must provide all of the information below in English:

1. Participant's contact information, including email address, and that of its counsel, if any:

Participant's Name:

Rosa M. Amalbert Millán

Participant's Address:

Cond. Armonia Los Prados  
400 Grand. Blvd. 18-101 Caguas, P.R.  
00672-3248

Participant's Email Address:

Name of Counsel:

Address of Counsel:

Email Address of Counsel:

2. Participant's Claim number and the nature of Participant's Claim:

Claim Number:

119020

Nature of Claim:

Promesa Proof of Claims

By:

Rosa M. Amalbert

Signature

Millán

Rosa M. Amalbert Millán

Print Name

Promesa Proof of Claims

Title (if Participant is not an individual)

Date

**Instructions for Filing Notice of Participation:** If you are represented by counsel, this Notice must be filed electronically with the Court on the docket using the CM/ECF docket event Notice of Intent to Participate in Discovery for Commonwealth Plan Confirmation, in *In re Commonwealth of Puerto Rico*, Case No. 17 BK 3283-LTS, through the Court's case filing system on or before the applicable deadline. If you are not represented by counsel, you may instead mail this Notice to the Court's Clerk's Office at: United States District Court, Clerk's Office, 150 Ave. Carlos Chardon Ste. 150, San Juan, P.R. 00918-1767.

Rosa M. Amador  
Condominio Armonia Los Prados  
400 Grand Blvd. Caguas, P.R. 000727



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Discovery Notice to the Court's Clerk  
Office  
United States District Court Clerk's  
Office  
150 Ave. Carlos Chardón Ste. 150  
San Juan, P.R.  
00918-1767



Participant must provide all of the information below **in English**:

1. Participant's contact information, including email address, and that of its counsel, if any:

Participant's Name:

Rosa M. Amalbert Millán

Participant's Address:

Cond. Armonia - Los Prados

Participant's Email Address:

400 Grand Blvd. Caguas, P.R. 00725-3248

Name of Counsel:

Address of Counsel:

Email Address of Counsel:

2. Participant's Claim number and the nature of Participant's Claim:

Claim Number:

91014

Nature of Claim:

By:

Signature

Print Name

Title (if Participant is not an individual)

Date

**Instructions for Filing Notice of Participation:** If you are represented by counsel, this Notice must be filed electronically with the Court on the docket using the CM/ECF docket event Notice of Intent to Participate in Discovery for Commonwealth Plan Confirmation, in *In re Commonwealth of Puerto Rico*, Case No. 17 BK 3283-LTS, through the Court's case filing system on or before the applicable deadline. If you are not represented by counsel, you may instead mail this Notice to the Court's Clerk's Office at: United States District Court, Clerk's Office, 150 Ave. Carlos Chardon Ste. 150, San Juan, P.R. 00918-1767.



Rosa M. Amador

Condominio Armonia Los Prados

400 Grand Blvd. Caguas, P.R. 000727



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Discovery Notice to the Court's Clerk  
Office  
United States District Court Clerk's  
Office  
150 Ave. Carlos Chardón Ste. 150  
San Juan, P.R.  
00918-1767

Participant must provide all of the information below **in English**:

1. Participant's contact information, including email address, and that of its counsel, if any:

Participant's Name: Rosa M. Amalbert Millán

Participant's Address: Cond. Armonia-Las Pradas 400

Participant's Email Address: BLVD. Caguas, P.R. 00727-3248

Name of Counsel: \_\_\_\_\_

Address of Counsel: \_\_\_\_\_

Email Address of Counsel: \_\_\_\_\_

2. Participant's Claim number and the nature of Participant's Claim:

Claim Number: 82116

Nature of Claim: \_\_\_\_\_

By: Rosa M. Amalbert Millán  
Signature

Rosa M. Amalbert Millán  
Print Name

Promesa Proof of Claim  
Title (if Participant is not an individual) LEY 96  
NO. 82116

\_\_\_\_\_  
Date

**Instructions for Filing Notice of Participation:** If you are represented by counsel, this Notice must be filed electronically with the Court on the docket using the CM/ECF docket event Notice of Intent to Participate in Discovery for Commonwealth Plan Confirmation, in *In re Commonwealth of Puerto Rico*, Case No. 17 BK 3283-LTS, through the Court's case filing system on or before the applicable deadline. If you are not represented by counsel, you may instead mail this Notice to the Court's Clerk's Office at: United States District Court, Clerk's Office, 150 Ave. Carlos Chardon Ste. 150, San Juan, P.R. 00918-1767.

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20 AUG 16 PM 5:59



Rosa M. Amador

Condominio Armonia Los Prados  
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Discovery Notice to the Court's Clerk  
Office  
United States District Court Clerk's  
Office  
150 Ave. Carlos Chardón Ste. 150  
San Juan, P.R.  
00918-1767



Participant must provide all of the information below **in English**:

1. Participant's contact information, including email address, and that of its counsel, if any:

Participant's Name: Olga M. Córdova  
Participant's Address: 1068 Chalcedony ST Kissimmee FL 34  
Participant's Email Address: olga-cordova@yahoo.com  
Name of Counsel: \_\_\_\_\_  
Address of Counsel: \_\_\_\_\_  
Email Address of Counsel: \_\_\_\_\_

2. Participant's Claim number and the nature of Participant's Claim:

Claim Number: 174975 (Romerazo)

Nature of Claim: \_\_\_\_\_

By: Olga M Córdova  
Signature

Olga M Córdova  
Print Name

8/10/2021  
Title (if Participant is not an individual)

8/10/2021  
Date

RECEIVED  
CLERK'S OFFICE  
U.S. DISTRICT COURT  
SAN JUAN, PR  
20 AUG 16 PM 5:59

**Instructions for Filing Notice of Participation:** If you are represented by counsel, this Notice must be filed electronically with the Court on the docket using the CM/ECF docket event Notice of Intent to Participate in Discovery for Commonwealth Plan Confirmation, in *In re Commonwealth of Puerto Rico*, Case No. 17 BK 3283-LTS, through the Court's case filing system on or before the applicable deadline. If you are not represented by counsel, you may instead mail this Notice to the Court's Clerk's Office at: United States District Court, Clerk's Office, 150 Ave. Carlos Chardon Ste. 150, San Juan, P.R. 00918-1767.

Olga M  
1068 Chaucery St  
Kissimmee FL 34744

SEMINOLE PRIDE

THU 12 AUG 2021 PM



Clerk office  
United States District Court  
Clerk office  
150 Ave Carlos Chardon Ste 150  
San Juan PR 00918-1767

2021 AUG 16 PM 5:59

RECEIVED  
CLERK'S OFFICE  
U.S. DISTRICT COURT  
SAN JUAN, PR

Participant must provide all of the information below in English:

1. Participant's contact information, including email address, and that of its counsel, if any:

Participant's Name:

Loaly Rivera Feliciano

Participant's Address:

P.O. Box 533 Salinas, P.R. 00751

Participant's Email Address:

loalyr7@gmail.com

Name of Counsel:

Address of Counsel:

Email Address of Counsel:

2. Participant's Claim number and the nature of Participant's Claim:

Claim Number:

17 BK-3283-LTS

Nature of Claim:

Public Employee and Pension / Retire Claims

By:

Signature

Loaly Rivera Feliciano

Print Name

~~Secretaria Administrativa Promesa~~ III

Title (if Participant is not an individual)

7 de agosto de 2021

Date

**Instructions for Filing Notice of Participation:** If you are represented by counsel, this Notice must be filed electronically with the Court on the docket using the CM/ECF docket event Notice of Intent to Participate in Discovery for Commonwealth Plan Confirmation, in *In re Commonwealth of Puerto Rico*, Case No. 17 BK 3283-LTS, through the Court's case filing system on or before the applicable deadline. If you are not represented by counsel, you may instead mail this Notice to the Court's Clerk's Office at: United States District Court, Clerk's Office, 150 Ave. Carlos Chardon Ste. 150, San Juan, P.R. 00918-1767.



Loaly Rivera Pellam  
PO Box 533

Salinas, P.R. 00751



1000



00918

U.S. POSTAGE PAID  
FCM LG ENV  
SALINAS, PR  
00751  
AUG 14, 21  
AMOUNT  
**\$1.00**  
R2304M114310-02

United States District  
Court, Clerk's Office  
150 Ave. Carlos Chardon Ste 150  
San Juan, P.R. 00918-1767

2021 AUG 16 PM 5:59

U.S. DISTRICT COURT  
CLERK'S OFFICE  
SAN JUAN, P.R.

Participant must provide all of the information below **in English**:

1. Participant's contact information, including email address, and that of its counsel, if any:

Participant's Name: Lillian Ortiz Colon  
Participant's Address: Alta Vista 10 L-1 Ponce Puerto Rico 00716  
Participant's Email Address: hacienda.mgl@gmail.com  
Name of Counsel: \_\_\_\_\_  
Address of Counsel: \_\_\_\_\_  
Email Address of Counsel: \_\_\_\_\_

2. Participant's Claim number and the nature of Participant's Claim:

Claim Number: 17 BK 3283-LTS  
Nature of Claim: \_\_\_\_\_

By: Lillian Ortiz Colon  
Signature  
Lillian Ortiz Colon  
Print Name  
Financial Oversight  
Title (if Participant is not an individual)  
Agosto 10 2021  
Date

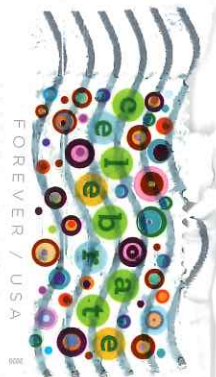
2021 AUG 16 PM 5:59  
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CLERK'S OFFICE  
U.S. DISTRICT COURT  
SAN JUAN, P.R.

**Instructions for Filing Notice of Participation:** If you are represented by counsel, this Notice must be filed electronically with the Court on the docket using the CM/ECF docket event Notice of Intent to Participate in Discovery for Commonwealth Plan Confirmation, in *In re Commonwealth of Puerto Rico*, Case No. 17 BK 3283-LTS, through the Court's case filing system on or before the applicable deadline. If you are not represented by counsel, you may instead mail this Notice to the Court's Clerk's Office at: United States District Court, Clerk's Office, 150 Ave. Carlos Chardon Ste. 150, San Juan, P.R. 00918-1767.

AFTER 10 DAYS RETURN TO

Lilliana Ortiz Cohen  
calle 10 h 1 mdr A14 Av 15th  
free, P.R. 00716

SAN JUAN PR 009  
13 AUG 2021 PM 2 L



United States District Court  
Clerks Office  
One Chandler St 150  
San Juan, P.R. 00918-1767

55 AUG 16 PM 8 07

U.S. DISTRICT COURT  
CLERK'S OFFICE  
SAN JUAN, P.R.

0091833333





Participant must provide all of the information below in English:

1. Participant's contact information, including email address, and that of its counsel, if any:

Participant's Name:

Participant's Address:

Participant's Email Address:

Name of Counsel:

Address of Counsel:

Email Address of Counsel:

2. Participant's Claim number and the nature of Participant's Claim:

Claim Number:

Nature of Claim:

By:

Signature

Print Name

Title (if Participant is not an individual)

Date

**Instructions for Filing Notice of Participation:** If you are represented by counsel, this Notice must be filed electronically with the Court on the docket using the CM/ECF docket event Notice of Intent to Participate in Discovery for Commonwealth Plan Confirmation, in *In re Commonwealth of Puerto Rico*, Case No. 17 BK 3283-LTS, through the Court's case filing system on or before the applicable deadline. If you are not represented by counsel, you may instead mail this Notice to the Court's Clerk's Office at: United States District Court, Clerk's Office, 150 Ave. Carlos Chardon Ste. 150, San Juan, P.R. 00918-1767.



SAN JUAN PR 009

13 AUG 2021 PM 2 L

Sirna H. Calabuig Tine  
Atty: Bellin Rodriguez 372  
Villa Delmar  
San Juan PR 00915

2021 AUG 16 PM 5:59

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CLERK'S OFFICE  
U.S. DISTRICT COURT  
SAN JUAN, PR

0091885937

Court's Clerk's office  
United States District Court  
Clerk's office, 150 Ave. Carlos  
Arden 5th 150 San Juan  
R. 00918-1767



Participant must provide all of the information below in English:

1. Participant's contact information, including email address, and that of its counsel, if any:

Participant's Name: Maria de L. Olivieri Torres  
Participant's Address: Sector Borinquen #2 Villa Ba, PR 00766  
Participant's Email Address: olivieri.burdesa@gmail.com  
Name of Counsel: N/A  
Address of Counsel: N/A  
Email Address of Counsel: N/A

2. Participant's Claim number and the nature of Participant's Claim:

Claim Number: # 56009 et al  
Nature of Claim: Unpaid wages by government of P.R.

By: MRD/

Signature

Maria de L. Olivieri Torres  
Print Name

Title (if Participant is not an individual)

August 9, 2021  
Date

REC-CLERK'S OFFICE  
U.S. DISTRICT COURT  
SAN JUAN, P.R.  
2021 AUG 16 PM 3:59

**Instructions for Filing Notice of Participation:** If you are represented by counsel, this Notice must be filed electronically with the Court on the docket using the CM/ECF docket event Notice of Intent to Participate in Discovery for Commonwealth Plan Confirmation, in *In re Commonwealth of Puerto Rico*, Case No. 17 BK 3283-LTS, through the Court's case filing system on or before the applicable deadline. If you are not represented by counsel, you may instead mail this Notice to the Court's Clerk's Office at: United States District Court/Clerk's Office, 150 Ave. Carlos Chardon Ste. 150, San Juan, P.R. 00918-1767.



Maria de L. Olivera Torres  
Sector Boringuen #2  
Villalba, PR 00766

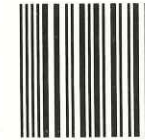
Case:17-03283-LTS Doc#:17858-1 Filed:08/17/21 Entered:08/17/21 09:03:07 Desc:  
Pro se Notices of Participation Page 97 of 128

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SAN JUAN, PR

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00766  
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**\$1.00**

R2305K131643-08

To: United States District Court  
Clerk's Office  
150 Ave. Carlos Chardon Ste. 150  
San Juan, PR. 00918-1767

RECEIVED AND FILED  
CLERK'S OFFICE  
U.S. DISTRICT COURT  
SAN JUAN, P.R.

Participant must provide all of the information below in English:

1. Participant's contact information, including email address, and that of its counsel, if any: 58

Participant's Name: Maria de L. Olivieri Torres  
Participant's Address: Sector Boringuen #2 Villa/ba, P.R. 00766  
Participant's Email Address: olivieri/bardesa@gmail.com.  
Name of Counsel: N/A  
Address of Counsel: N/A  
Email Address of Counsel: N/A

2. Participant's Claim number and the nature of Participant's Claim:

Claim Number: #56009 et al  
Nature of Claim: Unpaid wages by the government of P.R.

By: MRD/11  
Signature

Maria de L. Olivieri Torres  
Print Name

Title (if Participant is not an individual)

August 9, 2021  
Date

RECEIVED AND FILED  
CLERK'S OFFICE  
U.S. DISTRICT COURT  
SAN JUAN, P.R.  
2021 AUG 16 PM 5:59

**Instructions for Filing Notice of Participation:** If you are represented by counsel, this Notice must be filed electronically with the Court on the docket using the CM/ECF docket event Notice of Intent to Participate in Discovery for Commonwealth Plan Confirmation, in *In re Commonwealth of Puerto Rico*, Case No. 17 BK 3283-LTS, through the Court's case filing system on or before the applicable deadline. If you are not represented by counsel, you may instead mail this Notice to the Court's Clerk's Office at: United States District Court, Clerk's Office, 150 Ave. Carlos Chardon Ste. 150, San Juan, P.R. 00918-1767.



Maria de L. Olivera Torres  
Sector Borinquen #2  
Villalba, PR 00766

Case: 17-03283-LTS Doc#: 17858-1 Filed: 08/17/21 Entered: 08/17/21 09:03:07 Desc:  
Pro se Notices of Participation Page 99 of 128

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U.S. DISTRICT COURT  
SAN JUAN, PR

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AUG 12, 21  
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**\$1.00**

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To: United States District Court  
Clerk's Office  
150 Ave. Carlos Chardon Ste. 150  
San Juan, PR 00918-1767



Participant must provide all of the information below in English:

1. Participant's contact information, including email address, and that of its counsel, if any:

Participant's Name: Maria de L. Olivieri Torres  
Participant's Address: Sector Baringuen #2 Villalba, PR 00766  
Participant's Email Address: olivieri.torres@gmail.com  
Name of Counsel: N/A  
Address of Counsel: N/A  
Email Address of Counsel: N/A

2. Participant's Claim number and the nature of Participant's Claim:

Claim Number: #56009 et al  
Nature of Claim: Unpaid wages by government of PR.

By: [Signature]  
Signature  
Maria de L. Olivieri Torres  
Print Name

Title (if Participant is not an individual)  
August 9, 2021  
Date

**Instructions for Filing Notice of Participation:** If you are represented by counsel, this Notice must be filed electronically with the Court on the docket using the CM/ECF docket event Notice of Intent to Participate in Discovery for Commonwealth Plan Confirmation, in *In re Commonwealth of Puerto Rico*, Case No. 17 BK 3283-LTS, through the Court's case filing system on or before the applicable deadline. If you are not represented by counsel, you may instead mail this Notice to the Court's Clerk's Office at: United States District Court, Clerk's Office, 150 Ave. Carlos Chardon Ste. 150, San Juan, P.R. 00918-1767.

201 AUG 16 PM 5:58

U.S. DISTRICT COURT  
SAN JUAN, P.R.

Maria de L. Oliveri-Torre  
Sector Borinquen # 2  
Villalba, PR 00766

Case:17-03283-LTS Doc#:17858-1 Filed:08/17/21 Entered:08/17/21 09:03:07 Desc:  
Pro se Notices of Participation Page 101 of 128



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00766  
AUG 12, 21  
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**\$1.00**

R2305K131643-08

To: United States District Court  
Clerk's Office  
150 Ave. Carlos Chardon Ste. 150  
San Juan, PR 00918-1767

2021 AUG 16 PM 3:58

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CLERK'S OFFICE  
U.S. DISTRICT COURT  
SAN JUAN, PR



Participant must provide all of the information below in English:

1. Participant's contact information, including email address, and that of its counsel, if any:

Participant's Name: Luz Canales Novo  
Participant's Address: C/O #1287 Monje Carlo San Juan  
Participant's Email Address: P.R.00924  
VARIE91@gmail.com  
Name of Counsel: \_\_\_\_\_  
Address of Counsel: \_\_\_\_\_  
Email Address of Counsel: \_\_\_\_\_

2. Participant's Claim number and the nature of Participant's Claim:

Claim Number: 49736  
Nature of Claim: Pension de retiro  
By: [Signature]  
Signature  
Luz V. Canales Novo  
Print Name  
Title (if Participant is not an individual)  
13/8/202  
Date

**Instructions for Filing Notice of Participation:** If you are represented by counsel, this Notice must be filed electronically with the Court on the docket using the CM/ECF docket event Notice of Intent to Participate in Discovery for Commonwealth Plan Confirmation, in *In re Commonwealth of Puerto Rico*, Case No. 17 BK 3283-LTS, through the Court's case filing system on or before the applicable deadline. If you are not represented by counsel, you may instead mail this Notice to the Court's Clerk's Office at: United States District Court, Clerk's Office, 150 Ave. Carlos Chardon Ste. 150, San Juan, P.R. 00918-1767.



Luz V. Canales  
C/O #1287 WB  
Monte Carlo  
San Juan P.R.  
00924

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CLERK'S OFFICE  
U.S. DISTRICT COURT  
SAN JUAN, P.R.

20 AUG 16 PM 5:59



Court Clerk office  
United States District Court  
clerk's office.  
150 Ave. Carlos Chardon Ste.  
150, San Juan P.R 00918-1767

Participant must provide all of the information below in English:

1. Participant's contact information, including email address, and that of its counsel, if any:

Participant's Name: LILLIAN I. TORRES ORRACA

Participant's Address: 4908 BRIGHTSTAR LANE

Participant's Email Address: COLUMBUS, GA 31907

Name of Counsel: \_\_\_\_\_

Address of Counsel: \_\_\_\_\_

Email Address of Counsel: \_\_\_\_\_

2. Participant's Claim number and the nature of Participant's Claim:

Claim Number: 176310

Nature of Claim: LAW 89-1979 UNIFORM RETRIBUTION  
LAW 89-1995 ROMERAZO

By: Lillian I. Torres Orraca  
Signature

Print Name

Title (if Participant is not an individual)

August 9, 2021  
Date

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Lillian Torres Orbach  
4908 Brightstar Lane  
Columbus, MA 31907

Case:17-03283-LTS Doc#:17858-1 Filed:08/17/21 Entered:08/17/21 09:03:07 Desc:  
Pro se Notices of Participation Page 105 of 128

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U.S. DISTRICT COURT

SAN JUAN, P.R.



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Discovery Notice to the Court's CLERK's office  
United States District Court, CLERK's Office  
150 Ave. Carlos Chardon Ste. 150  
SAN JUAN, P.R. 00918-1767

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CLERK'S OFFICE  
U.S. DISTRICT COURT  
SAN JUAN, P.R.  
2021 AUG 16 PM 5:50



Participant must provide all of the information below in English:

1. Participant's contact information, including email address, and that of its counsel, if any:

Participant's Name: Milagros M. Velez Martinez de Contron  
Participant's Address: Urb. Las Americas #973 Tegui galpa St.  
S.J., P.R. 00921  
Participant's Email Address: zmcontron@aol.com  
Name of Counsel: N/A  
Address of Counsel: N/A  
Email Address of Counsel: N/A

2. Participant's Claim number and the nature of Participant's Claim:

Claim Number: \_\_\_\_\_

Nature of Claim: \_\_\_\_\_

By: \_\_\_\_\_

Signature

Milagros M. Velez Martinez

Print Name

\_\_\_\_\_  
Title (if Participant is not an individual)

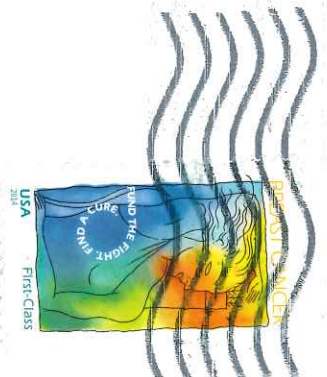
8/13/2021

Date

**Instructions for Filing Notice of Participation:** If you are represented by counsel, this Notice must be filed electronically with the Court on the docket using the CM/ECF docket event Notice of Intent to Participate in Discovery for Commonwealth Plan Confirmation, in *In re Commonwealth of Puerto Rico*, Case No. 17 BK 3283-LTS, through the Court's case filing system on or before the applicable deadline. If you are not represented by counsel, you may instead mail this Notice to the Court's Clerk's Office at: United States District Court, Clerk's Office, 150 Ave. Carlos Chardon Ste. 150, San Juan, P.R. 00918-1767.

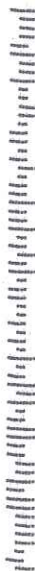
Milagros M. Vélez Martínez  
delintón  
Urb. Las Américas  
#973 Tegucigalpa St.  
S.J., P.R. 00921-2327

SAN JUAN PR 009  
14 AUG 2021 PM 1 L



United States District Court  
Clerk's Office  
150 Ave. Carlos Chardón Ste. 150  
San Juan, P.R. 00918-1167

00918-170625



Participant must provide all of the information below **in English**:

1. Participant's contact information, including email address, and that of its counsel, if any:

Participant's Name:

Maritza Resto Cruz 00936

Participant's Address:

P.O. Box 360461, San Juan PR

Participant's Email Address:

yomipr46@hotmail.com

Name of Counsel:

Address of Counsel:

Email Address of Counsel:

2. Participant's Claim number and the nature of Participant's Claim:

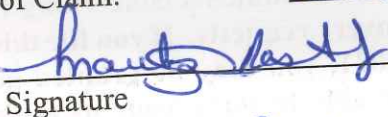
Claim Number:

KRE 2007-4359

Nature of Claim:

claim of unpaid Salary \$76,950.00

By:



Signature

Maritza Resto Cruz

Print Name

Title (if Participant is not an individual)

Date

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CLERK'S OFFICE  
U.S. DISTRICT COURT  
SAN JUAN, P.R.



MARITZA RESTO CRUZ  
P.O. BOX 360661  
SAN JUAN, P.R. 00936

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2021 AUG 16 PM 5: 53

CLERK'S OFFICE  
U.S. DISTRICT COURT  
SAN JUAN, P.R.

DISCOVERY NOTICE TO THE COURT'S  
CLERK'S OFFICE AT:  
UNITED STATES DISTRICT COURT, CLERK'S  
OFFICE  
150 AVE. CARLOS CHARDON STE. 150  
SAN JUAN, P.R. 00918-1767

00918-170625



SAN JUAN PR 009  
13 AUG 2021 PM 2 L



Participant must provide all of the information below in English:

1. Participant's contact information, including email address, and that of its counsel, if any:

Participant's Name: Margarita Rivera Santana  
Participant's Address: Calle Estación 1B PMB 7 Vega Alta PR 00692  
Participant's Email Address: Concepción - Concepción@gmail.com  
Name of Counsel: N/A  
Address of Counsel: N/A  
Email Address of Counsel: N/A

2. Participant's Claim number and the nature of Participant's Claim:

Claim Number: 50126

Nature of Claim: Public Employee claim

By: Margarita Rivera Santana  
Signature  
Margarita Rivera Santana  
Print Name

Title (if Participant is not an individual)

August 13 2021  
Date

RECEIVED & FILED  
2021 AUG 16 PM 6:12  
CLERK'S OFFICE  
U.S. DISTRICT COURT  
SAN JUAN, P.R.

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## Nature of claim

Under the responsibility of Governor of Puerto Rico Carlos Romero Barceló, during the years 1980-1984 an increase of Salary known as Romerazo (Law 89) granted the amount of \$100.00 monthly

that was never pay. I retired in 2003

CLERK'S OFFICE  
U.S. DISTRICT COURT  
SAN JUAN, P.R.

2021 AUG 16 PM 6:12

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Also during the years 1984-1997

the labor scale Law #164 granted

a 3% every three years to increase the pension as a retired.

It was never pay either.

Other law that I claim

is Labor Law #9.



Margarita Rivera Santana  
Calle Estacion 1B P.M.B. 17 AUG 2021  
SAN JUAN PR 009  
P.R. 00692

Court's Clerk's Office  
United States District Court, Clerk's  
Office, 150 Ave. Carlos Chardon Ste.  
150, San Juan, P.R. 00918-1767

00918-170625



U.S. POSTAGE PAID  
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AMOUNT  
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R2303S103454-01

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00918

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2021 AUG 16 6 21 PM  
SAN JUAN DISTRICT COURT  
CLERK'S OFFICE

Participant must provide all of the information below in English:

1. Participant's contact information, including email address, and that of its counsel, if any:

Participant's Name: Ana E. Nieves Rivera  
Participant's Address: Hc-74 Box 5981 Naranjito, P.R. 0097424  
Participant's Email Address: 939-241-1234  
Name of Counsel: \_\_\_\_\_  
Address of Counsel: \_\_\_\_\_  
Email Address of Counsel: \_\_\_\_\_

2. Participant's Claim number and the nature of Participant's Claim:

Claim Number: No. 17 BK 3283-LTS  
Nature of Claim: \_\_\_\_\_

By: Ana E. Nieves Rivera  
Signature  
Ana E. Nieves Rivera  
Print Name  
Janitor  
Title (if Participant is not an individual)  
13 agosto - 2021  
Date

RECEIVED & FILED  
2021 AUG 16 PM 6:12  
CLERK'S OFFICE  
U.S. DISTRICT COURT  
SAN JUAN, P.R.

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One E. Virens River  
Hc-74 Box 5981  
Yonkers, N.Y. 10719-1424

SAN JUAN PR 009  
14 AUG 2021 PM 1 L



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AUG 16 PM 6:12  
SAN JUAN, PR  
U.S. DISTRICT COURT

Commonwealth of Puerto Rico  
United States District Court  
Clerk's Office 150 Ave.  
Carlos Chardín Ste. 150  
San Juan P.R. 00918-1767

00918-170625





Participant must provide all of the information below **in English**:

1. Participant's contact information, including email address, and that of its counsel, if any:

Participant's Name: Isabel C. Lebron Rosa  
Participant's Address: HC 05 Box 51742 San Seb. P.R. 00685  
Participant's Email Address: lebron-isabel@yahoo.com  
Name of Counsel: \_\_\_\_\_  
Address of Counsel: \_\_\_\_\_  
Email Address of Counsel: \_\_\_\_\_

2. Participant's Claim number and the nature of Participant's Claim:

Claim Number: 17-03283  
Nature of Claim: Pension / Retiree, Tax, Refund, Public Employee Grievance

By: \_\_\_\_\_

Signature

Isabel C. Lebron Rosa  
Print Name

\_\_\_\_\_  
Title (if Participant is not an individual)

\_\_\_\_\_  
Date

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AUG 16 PM 6:14  
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DISTRICT COURT  
SAN JUAN, P.R.

**Instructions for Filing Notice of Participation:** If you are represented by counsel, this Notice must be filed electronically with the Court on the docket using the CM/ECF docket event Notice of Intent to Participate in Discovery for Commonwealth Plan Confirmation, in *In re Commonwealth of Puerto Rico*, Case No. 17 BK 3283-LTS, through the Court's case filing system on or before the applicable deadline. If you are not represented by counsel, you may instead mail this Notice to the Court's Clerk's Office at: United States District Court, Clerk's Office, 150 Ave. Carlos Chardon Ste. 150, San Juan, P.R. 00918-1767.

Isabel Cleber Rosa  
Hc 05 Box 51742  
San Sebastián PR 00685

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U.S. DISTRICT COURT  
SAN JUAN, P.R.

00918-170625

United States District Court Clerk's Office  
150 Ave. Carlos Chardon Ste. 150  
San Juan PR 00918-1707

SAN JUAN PR 009  
14 AUG 2021 PM 1:14



Participant must provide all of the information below in **English**:

1. Participant's contact information, including email address, and that of its counsel, if any:

Participant's Name:

Vilmany Morales Aguilar

Participant's Address:

Calle José G. Tizol #157 Int. Arriba P.R.

Participant's Email Address:

Vilmany.morales39@gmail.com

00612-4822

Name of Counsel:

Address of Counsel:

Email Address of Counsel:

2. Participant's Claim number and the nature of Participant's Claim:

Claim Number:

21635

Nature of Claim:

Pension / Retiree claims

By:

Signature

Vilmany Morales Aguilar

Print Name

Title (if Participant is not an individual)

11-agosto-2021

Date

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2021 AUG 16 PM 6:00  
CLERK'S OFFICE  
U.S. DISTRICT COURT  
SAN JUAN, P.R.

**Instructions for Filing Notice of Participation:** If you are represented by counsel, this Notice must be filed electronically with the Court on the docket using the CM/ECF docket event Notice of Intent to Participate in Discovery for Commonwealth Plan Confirmation, in *In re Commonwealth of Puerto Rico*, Case No. 17 BK 3283-LTS, through the Court's case filing system on or before the applicable deadline. If you are not represented by counsel, you may instead mail this Notice to the Court's Clerk's Office at: United States District Court, Clerk's Office, 150 Ave. Carlos Chardon Ste. 150, San Juan, P.R. 00918-1767.

Rudo  
07-agosto-2021  
me



Yilmery Morales Aguilar  
Calle José G. Tiso 1 #157 Int.  
Arecibo. P.R. 00612-4822

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U.S. DISTRICT COURT  
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00918-170625

United States District Court's  
Clerk's Office  
150 Ave. Carlos Chardon  
Ste. 150  
San Juan. P.R. 00918-17067

SAN JUAN PR 009  
13 AUG 2021 PM 2:10



Participant must provide all of the information below **in English**:

1. Participant's contact information, including email address, and that of its counsel, if any:

Participant's Name: Luz M. Robles Fernández  
Participant's Address: 281 Urb. Estancias de Imberg Barceloneta P.R. 00617  
Participant's Email Address: mariliz12000@hotmail.com  
Name of Counsel: \_\_\_\_\_  
Address of Counsel: \_\_\_\_\_  
Email Address of Counsel: \_\_\_\_\_

2. Participant's Claim number and the nature of Participant's Claim

Claim Number: 151330  
Nature of Claim: Law 164 of salary increases steps (Steps before the teaching career)  
By: Luz M. Robles Fernández  
Signature  
Luz M. Robles Fernández  
Print Name

\_\_\_\_\_  
Title (if Participant is not an individual)

\_\_\_\_\_  
Date

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From: Luz M. Robles fernando  
281 Urb. Estancias de Imbery  
Barceloneta, P.R. 00617

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United States District Court  
Clerk's Office, 150 Ave.  
Carlos Chardon Ste 150  
San Juan P.R. 00918-1767

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SAN JUAN, PR



Participant must provide all of the information below **in English**:

1. Participant's contact information, including email address, and that of its counsel, if any:

Participant's Name: Ruben Martinez Fontanez

Participant's Address: Urb Jardines de Guanani, Calle 17 # CC-24 Guayama PR 00784

Participant's Email Address: monica.a.vazquez@53 gmail.com

Name of Counsel: \_\_\_\_\_

Address of Counsel: \_\_\_\_\_

Email Address of Counsel: \_\_\_\_\_

2. Participant's Claim number and the nature of Participant's Claim:

Claim Number: 152940

Nature of Claim: Promesa title 111

By: [Signature]  
Signature

Ruben Martinez Fontanez  
Print Name

Title (if Participant is not an individual)

09-13-2021  
Date

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CLERK'S OFFICE  
U.S. DISTRICT COURT  
SAN JUAN, P.R.

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U.S. DISTRICT COURT  
SAN JUAN, PR

SAN JUAN PR 009  
13 AUG 2021 PM 2 L



United States District Court's Clerk's office  
150 Ave Carlos Chardon Ste  
150 San Juan PR  
00918-1767

00918-170625



Participant must provide all of the information below **in English**:

1. Participant's contact information, including email address, and that of its counsel, if any:

Participant's Name: Brenda L. Ríos Ríos

Participant's Address: HC72 Box 4099 Naranjito, PR 00719-9793

Participant's Email Address: brendalizriasrios@gmail.com

Name of Counsel: \_\_\_\_\_

Address of Counsel: \_\_\_\_\_

Email Address of Counsel: \_\_\_\_\_

2. Participant's Claim number and the nature of Participant's Claim:

Claim Number: No. 17 BK 3283 -LTS

Nature of Claim: Promesa Title III

By: Brenda L. Ríos Ríos  
Signature

Brenda L. Ríos Ríos  
Print Name

Teacher  
Title (if Participant is not an individual)

13 de agosto de 2021 - August 13, 2021  
Date

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2021 AUG 16 PM 6:15  
CLERK'S OFFICE  
U.S. DISTRICT COURT  
SAN JUAN, P.R.

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Brenda Liz Rios Rios  
HC72 Box 4099  
Naranjito, PR  
00919-9793

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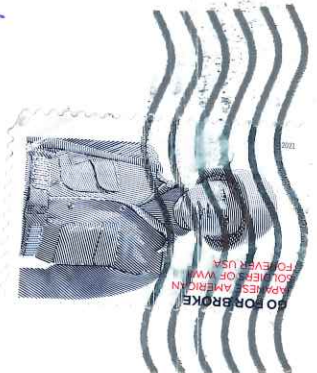
CLERK'S OFFICE  
U.S. DISTRICT COURT  
SAN JUAN, PR

00918-170625

United States District Court,  
Clerk's Office  
150 Ave. Carlos Chardon Ste. 150  
San Juan, PR  
00918-1767



SAN JUAN PR 009  
13 AUG 2021 PM 2 L



Participant must provide all of the information below **in English**:

1. Participant's contact information, including email address, and that of its counsel, if any:

Participant's Name:

Luz M. Robles Fernández

Participant's Address:

281 Urb. Estancias de Imbery Barceloneta, P.R. 00617

Participant's Email Address:

mariliz12000@hotmail.com

Name of Counsel:

Address of Counsel:

Email Address of Counsel:

2. Participant's Claim number and the nature of Participant's Claim:

Claim Number:

178063

Nature of Claim:

Payment of sick days accumulated during my 30 years of service.

By:

Luz M. Robles Fernández  
Signature

Luz M. Robles Fernández  
Print Name

\_\_\_\_\_  
Title (if Participant is not an individual)

\_\_\_\_\_  
Date

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Claim clairvoyance number: 178063

Claimant: Luz M. Robles Fernandez

Due to law 26-2017 Known as the fiscal plan compliance law established in the 2.10 y 2.11 on sick payments would not be paid.

My claim is because my withdrawal request was submitted on March 30 2017 to retire. On August 31 2017 said law 26-2017 was signed on April 29 2017 after my request for and I understand that they owe me my 90 day sick leave since not have the time to exhaust it. Those days he has a debt of 14,625.00 dollars.

The teachers association filed a law suit which was won in September 2019 for the payment of sick leave to the teachers retired in 2017. But the fiscal control he set a retirement date which does not benefit all teachers.



I understand the law 26-2017 was signed in April 29 2017. The refore teachers who filed their with drawal request before that date have the right to pay their sick leave.

The fiscal control board and the teachers association did not benefit all teachers. I understand that my sick leave days are owed to me what is 90 days for a total of — 14,625.00

It is not fair to have worked 30 years to be responsible person at work and when I retire do not pay me that money to work it and that I need so much right now.

I hope you can help me.  
Thank you very much of your attention

Luz M. Dablos Fernandez  
(787) 975-2897



From: Luz M. Robles Fernandez  
281 Urb. Estancias de Imbery  
Barceloneta, P.R 00617



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United States District Court  
Clerk's Office 150 Ave.  
Carlos Chardon Ste 150  
San Juan P.R 00918-1767

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